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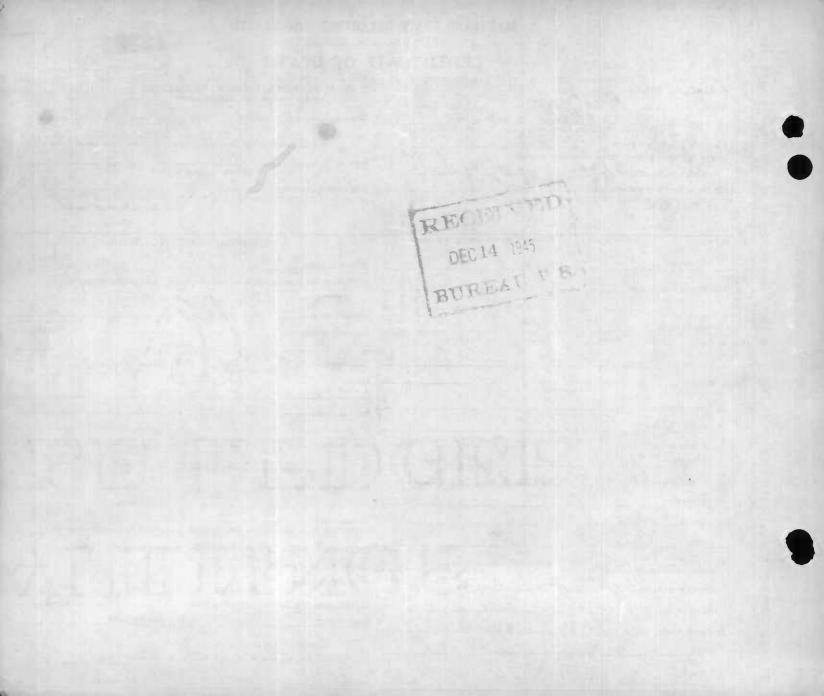
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /

CERTIFICATE OF DEATH

12263 Reg. Dist. No. 14.

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or instilution?	2.(a) It veteran, name war
3. (a) FULL NAME Paul Jennette Anders	3. (b) Social Security Number
4. Sex 5. Colof or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION 2D. DATE DF DEATH. 19465 at 2145PM
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.45. and that I last saw h Q.A. alive on
8. AGE: Years Months Days If less than one day	Laso Palemarea P
9. Birthplace (Town, county, and state) 10. Usual occupation	Due to Leave de la
12. Name. Paul Andre Many 13. Birthplace H. H. Malden name Many 6 Champean 15. Birthplace N. C.	Other conditions (Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Bank Analys	Antopsy results. PHYSICIAN: Please anderline the cause to which death should he charged statistically.
17. (Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide
Location Jefferson Med	Where did injury occur?
18. Funeral director CMT is t 3 Today Address Commercial Md	Means of Injury Injured at work?
19. Dec 12 19 45 Essansa Martin (Date rec'd by registrar)	23. SIGNATURE M. D. or other M. D. or other Address Date signed All 12 42



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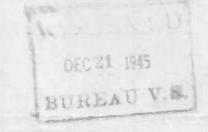
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 160-c

CERTIFICATE OF DEATH

12264 Reg. Diat. No. 131

1. PLACE OF DEA	TH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Pennsylvania County York		
County Frede	derei el-	******************	***************************************			
City or town	del'TCK	limits, write R	URAL and give nearest town)			
How long in above place of				Gity or town (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or	treet address when	death occurred	l:	Street No. Near York		
Frederi	ck City	Hospi	tal	(If rural, give LOCATION)		
How long in hospital or	Institution?		***************************************	2.(a) It veteran, name war. None		
3. (a) FULL NAME				3. (b) Social Security Number		
	BABY	ATKIN	S	None		
4. Sex	5. Color or race		e, married, widowed, or divorced	THE PARTY OF THE P		
M	W	S		MEDICAL CERTIFICATION		
IVI	VY	2)	20. Date Of DEATH December 18, 19 45, at 3:15P		
6.(b) Name of husband o	r wife			21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
				DEC 18 1945 10 DEC 18 1950		
7. Sirth date of	Dogomi	han 10	e) tf alive, give ageyears	and that I last saw harmalive on December 19 445		
deceased (mo., day, yr.) Decem	Del. To	, 1340	Immediate cares of death		
8. AGE: Years	Months	Days	It less than one day	Tremente listle		
0	0	0	13 hrs. min.	7 mostle		
9. Sirthplace Fre			ick-Maryland	Oue to Placent previee		
5. Untilpreve	(Town	, county, and s	tate)			
10. Usual occupation	Infant			Rus la		
11, Industry or business				VUE 10		
置 12. Name HO	ward Wi	lliam	Atkins	01		
12. Name HO	inneces	. Indi	ana	Other conditions		
				(Include pregnancy within 3 months of death)		
14. Maiden name	2 2		***************************************	Major findings of operations		
≥ 15. 8irthplace Y	ork Cou	nty Pe	nnsylvania	Date of op.		
16. Informant Mrs	. Mary	Atkins	unningham nnsylvania	Aptopsy respits.		
R.F.	D.#7. Y	ork. P	ennsylvania	PHYSICIAN: Ptease underline the canse to which death should be charged statistically.		
				22. VIOLENCE: If death was due to external causes, fill in the following;		
17 Burial			(month) (day) (year)	Accident, suicide, or homicide		
(Darrar, Campanon,	Mount	Ölivet	Cemetery			
				Where did injury occur?		
Location				Injured at home, farm, Industry, public place (where?)		
16. Funeral director	M. R.	Etchis	on and Son	Mssns of Injury Injured at work?		
		ick. N	aryland	a sol		
		40		23. SIGNATURE M. D. or other		
19. 19 Dec	- 19 U.S.	23	isoluth y Heck.	Frederick Meryland 12-19-45		
(Date rec'd by regi	strar)		Registrar	Address. Date signed		



The correct age

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12265

CERTIFICATE OF DEATH

1. PLACE					2. USUAL RESIDENCE (HOME) OF DECEASED: (For uewborn infants give residence of mother)		
City or team Frederick (If outside city or town limits, write RURAL and give nearest town) Now long in above place of death? Lifetime					State Maryland Countries of Prederick (If outside city or town limits		
		et address where				h Street	
Fr	deric	k City I	lospita	1	Street No. (If roral, give		
How long in he	epital or ins	titution?	days	······································		G	
					1 at -7 11 totologi, italia water		
3.(a) FULL NAME Ida May Baer						3. (b) Social Security Number none	
4. Sex		Coinr or race	6.(a)Single	married, widowed, ne diversed	MEDICAL CI	ERTIFICATION	
Female		White	W	idowed		7 19.45 or 2:00 R m	
B.(b) Name of	hushand ar-n	Rober	t. L. B	2AT	21. I CERTIFY that death occurred on the date abo		
The state of the s) If alive, give age de ad years		3.T. 10 Dac 2 7 1841	
7. Birth date o	f				and that I last saw h alive on	Lee 27 18 La	
deceased (m		March 2			Immediate cause of death		
8. AGE:	Years	Months	Days	If less than one day	Brenden Pu		
	76	8	28	hrsmln.			
9. Birthplace.	Fred	erick Co	unty	tate)	Due to		
		(Towu,	county, and a	tate)	Arteria Pelare	Fec 1270 -	
1D. Usual occi	patlon	ΠΩυ	Isewhie	***************************************	Due to core d'as de con	tration 2 y cans	
11. Industry or					J		
12. Name.	E	von Trai	1	***************************************	Other conditions Dealer	- melletin 11 years	
13. Birthpi	ace	Frederic	k Coun	ty. Md.			
E Bald					(Include pregnancy within 8 r	months of deatb)	
0					Major findings of operations.		
		Frederic			***************************************	Date ot op	
16. Informant.	Miss	Nellie	May Ba	er			
Address	479	West Sou	th St.	, Frederick, Md.	PHYStCIAN: Please underline the cause to wi	hich death sheuld be charged statistically.	
Bur					22. VIOLENCE: It death was due to external cau	uses, fill in the following:	
(Buriai, cre	mation, or	removal, Wnicht	Date there	ot De Ca 29, 1945 (month) (day) (year)	Accident, suicide, or homicide	Date of	
Cemetery or seemstory. Mt. Ulivet Cometery					Where did injury occur?(City or town)	(County) (State)	
Location	Fre	derick,	Maryla	nd	Injured at home, farm, industry, public place (wi	here?)	
19. Funeral di	rector	C. E. Cl	ing &	Son	Means of Injury	Injured at work?	
Address		4.0		, Frederick, Md.	1.01	choolum m.D	
0.0		19.H. b.	cD.	abeth y. Hech.	23. SIGNATURE	T freeless 12 /41/46	

HITH BUY SEE THE PERSON STATE CANADAM



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 390

12266

CERTIFICATE OF DEATH

Dist No 144

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME Rebeaca Datherine	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give realdence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Tensale White Widowed 5.(b) Name of husband or wife Thank & Baltheland	MEDICAL CERTIFICATION 20. DATE DE DEATH A LOCALITATION ALL 1945 A., at 10 A.; at 121. INCERTIFY that death occurred on the date above stated; that atlended deceased from
7. Birth date of deceased (mo., day, yr.) August 19, 1864 8. AGE: Years Months Days If less than one day	and that I last saw had alive on Dag 29 1945 Immediate cause of death DURATION
9. Birthplace Latter that the County, and state) 10. Usual occupation. A state of the county of business Housevole.	Due to De frança daya Due to
12. Name Additable On State and Indianal State and Indiana State and	Diher conditions
18. Informant Mits Seorge Flangle Address Thurmont, Ma	Autopsy resulta
(Burial, cremation, or removal, Which?) Cemetery or crematory Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director Address There was to make the second of the secon	Means of Injury Injured at work? 23. SIGNATURE M. D. or other
19. What is 1945 Whatele & Tyler (Date ree'd by registrar) (Registrar)	Address Thurwant And Date signed 12/30/45

ADING INK. Supply every item of information carefully. The Physicians: please write the causes of death-clearly and learnth

PLAINLY, WITH UNF

WRITE

PLEASE

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 14-0

CERTIFICATE OF DEATH

1. PLACE OF DE	aniale			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland County Frederick City or towo Doubs (If outside city or town limits, write RURAL and give nesrest town)		
County Dou	7 0					
How long in above place	outside city or town l	imits, write I	RURAL and give nearest town)			
Hospital, Institution, or	street address where	death occurre	d:	Street No	***************************************	
How long in hospital or	r institution?			(If rural, give LOCATION) None 2.(α) If veteran, name war		
3. (a) FULL NAM					3. (b) Social Security	Number
			RET BASFORD		None	
4. Sex	5. Color or race	6.(a)Sing	e, married, widowed, or divorced		ERTIFICATION	
F	W		M	20. DATE DF DEATH Decembe	er 11, 19 45	12:50AM
6.(b) Name of husband	Will Will	iam E	• Basford	21. I CERTIFY that death occurred on the date abo		
		6.(c) It alive, give age	/sec. /0 19.7	45 to Dec. 11	19. 4.5
7. Girlh date of deceased (mo., day,)	Decem	ber 7	. 1889	and that I last saw h.C		
8. AGE: Years	7117	Days	It less than one day	Cornary Thranks		2 hours
56	0	4	hrsmin.	Communication of the same of		- Lowwood
9. Birtholace Joh	nsville-	Frede	rick-Maryland	Queto Arterio - solevosi	·\$	54 (3)
		county, and		996 to	•	
10. Usual occupation	At Home			Due to	***************************************	
11. Industry or busines		-			.,	
	. Edward rederick		ty Maryland	Other conditions. Lipper respira	/ /	2 weeks.
Maldes same	Elizabe	th An	ders ty Maryland Bastord	(Include pregnancy within 3 n		1
15 Birthplace F	rederick	Coun	tv Marvland	Major findings of operations		
16. Informant Mr	. Willia	m E.	Basford			
n-	ubs, Mar			Autopsy resolts		
Tradit Coo				22. VIOLENCE: If death was due to external cau	ses, fill in the tollowing;	
Burial (Burial)	or removal. Which?	Date ther	eot 12/13/45 (month) (day) (year)	Accident, suicide, or homicide	Date of	
Cemetery or oromato	Mount	Olive	t Cemetery	Where did injury occur?(City or town)	(County)	(State)
Location	Freder	ick,	Maryland	Injured at home, farm, Industry, public place (wh		
18. Funeral director	M P		son and Son	Means of Injury	injured at work?	
	Freder	******************	***************************************	nnn	0.	
. %		00	. 1 1	23. SIGNATURE B.O. Than	mas /4.	M. D.
19. \\ -\\ \\ (Date rec'd by re	19 4 5		izaluth y Heck.	Address Frederick, Mary	yland Date signed	or other 12-11-45

DEC 12 1945 BUREAU V.S.

DURATION



Frederick, Maryland

(Date rec'd by registrar)

DEC 26 1945

2411 N. Charles St., Baltimore (3/2)

12270

CERTIFICA	TE OF DEATH Reg. Diat. No
I. PLACE OF DEATH: County City or term. (If outside city or town limits, write RURAL and give nearest town) dow long in above place of death? lospital, institution, or stroet address where death occuped:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war
3.(a) FULL NAME Heury H. Bay	3. (b) Social Security Number
Sex 5. Color or race 6.(a) Single, married, without or directed	MEDICAL CERTIFICATION 20. DATE OF DEATH December 25 19 45 18.304
(b) Name of Auction or wife Rettie Boys (b) Name of Auction (c) If alive, give age S. O years	21. I CERTIFY that death occurred on the date above stated; that leatended deceased from
deceased (mo., day, yr.)	Immediate cause of death DURATION 2 wk
9. Birthplace Move (Town, county, and state)	Due to Chronic Intercept nephrote 2 gre
10. Usuat occupation	Due to.
12. Name Galania Stredenty Coo Mid	Other conditions
14. Maiden name Rachael Hace 15. Birthpiaco Fredench Eo, Md.	Major findings of operations
16. Informant Mew London Med	Actorsy results
11 Burial, eremation, or company Which!) Bate thoreof 2/28/45 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
cometary or citmetery Central Country tocation Reur Landers	Where did injury occur?
18. Funeral director Harry & Carty Con Address Frederich, Dud	Means of injury injured at work? Esmect P. Roop leed,
19. 27-Dec 1945 Elicabeth & Heck	23. SIGNATURE M. D. or other M. D. or other Address Pew Market Md. Date signed Dec 37/4

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JAN 2 1946

BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /09

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DE		eni di		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
Couoty	Tilban a al			State Maryland County Frederick			
City or town(If	outside city or town	limits, write	RURAL and give nearest town)	11			
How long in above plac	e of death?	montn	5	Adamstown (If ontside city or town limit	ts, write RURAL and give nea	arest town)	
Hospital, Institution, o	r street eddress whore Frederick	death occurre	d: nenital	Street No.	*****		
		3 da			e LOCATION)		
How long in hospital of			,	2.(a) If veteran, name war	2.(a) If veteran, name war		
3. (a) FULL NAM				3. (b) Social Security Number			
	FAYE		274447		NONE		
4. Sex	5. Color or race	6.(a)Sing	le, married, widewed, or diverced	MEDICAL C	ERTIFICATION		
Female	White	S	ingle	20. DATE DF OEATH Decem	nber 25 1945	,at 12:05p1	
B.(b) Name of husband	or wife		***************************************	21. I CERTIFY that death occurred on the date at			
		8.0	c) If allve, give ageyear	P-e 23 19	Y5 to Pee	25 18 YO	
7. Birth date of	Tin	ly 10-	1 Ol. 7	and that I last saw h) ee 27	19. 7. 7	
8. AGE: Year		Days	I If less than one day	Immediate cause of death			
0. 11021					-1	Z day	
	years 5	15	hrsmln.	a cute cardi	a e		
9. Birthplace	esburg- V	irginia	state)	Due to.	annun.	21/1	
10. Usuel occupation.	Chi 1	d	platey	Virus preumoniala Dun			
		• • • • • • • • • • • • • • • • • • • •	••••••••••••••••••	Due to	ent P.	• • • • • • • • • • • • • • • • • • • •	
11. Industry or busines		Dwndl	еу			•	
12. Name	Castlewood	Drag.	-9.V	Dther conditions		***************************************	
			·	(Include pregnancy within 3	months of death)		
H 14. Maldon name.	May 51	Len Hou	gh	Major findings of operations.			
14. Maldon name.	Leesbur	g- Va.		major names of operations			
	odrow W. I	Bradley	- \	Autonay results.			
	amstown-1			PHYSICIAN: Please underline the cause to w			
Manicas			Dec 07 701 =	22. VIOLENCE: If death was due to external ca	uses, fill in the following:		
17. BUT121	, or removal. Which	Date ther	eof Dec. 27-1945 (month) (day) (year)	Accident, suicide, or homicide	Date of		
			ry	Where did injury occur?(City or town)			
	near In		- Virginia				
Location				Injured at home, farm, industry, public place (v	Injured at work?		
18. Funeral director	C.E.Cli	ne and	Son	meand of injury	Injured at work?		
Address	Frederi	.ck, Ma	ryland	1 / Cur	Jan		
96-00	,	90	Soull of the Co.	23. SIGNATURE	M. D.	or other	
(Date rec'd by re	C 19.4.5		Registrar	Address.	· Dare state staned.	12.26 .4	

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The sorriet age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Reg. Diat. No.

2. USUAL RESIDENCE (HOME) OF DECEASED: (If outside city or town limits, write RURAL and give nearest town) (If rural, give LOCATION) 3. (b) Social Security Number MEDICAL CERTIFICATION DURATION wellen (Include pregnancy within 8 months of death) PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide,.....

(County)

Injured at home, farm, Industry, public place (where?)

M. D. or other Date signed . / Z ...

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DEC 8 1945
BUREAU V 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

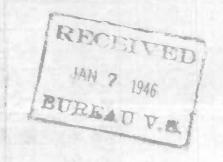
2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (Fur newborn infants give residence of mother) State County County City or town (If untaide city ur town limits, write RURAL and give nearest town) Streef No. (If rural, give LOCATION) 2.(a) If yeteran, name war		
3. (a) FULL NAME /	3. (b) Social Security Number		
Miss & Anna Burall	3. (b) because the first states		
4. Sex 5. Color or race 5.(a) Single, married, midward, or divorced Fernals White Lingle	MEDICAL CERTIFICATION 20. DATE OF DEATH		
6.(b) Name of hushaod or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
6.(c) If allve, give ageyears			
7. Birth date of deceased (mo., day, yr. November 29, 1862	and that I last saw he alve on		
8. AGE: Years Months Days If less than one day 8. AGE: Years Months Days If less than one day 8. AGE: Years Months Days If less than one day	Immediate cause of death		
9. Birthplace, hr. new London Frederick Md (Town, county, and state)	Due to articles con		
1D. Usual occupation. Hovel Keefeer.	Due to		
11. Industry or business			
12. Name Samuel Burall 13. Birthplace Frederick 60 Md	Other conditions		
14. Malden name Christinia Tedeline	(Include pregnancy within 8 months of death) Major findings of operations		
	Bate of op.		
16. Informant Osear: Gerall Brother Address New Market Md.	Autopsy results		
Address 17. Burial (Burial, cremution, or removal, Which?), (Burial, cremution, or removal, Which?), (Burial, cremution, or removal, Which?),	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Cemetery or crematory Central Cemetary	Where did Injury occur?		
Location Nr. New Fondon	Injured at home, farm, industry, public place (where?)		
18. Funeral director W. & Falconer	Means of Injury Injured at work? A work were were the common of the co		
Address New Market Mdi	23. SIGNATURE N-W Ban		
19. Dec 7 19 45 Secretary The Talcane	Address Freduct P of Date signed 12.6.43		

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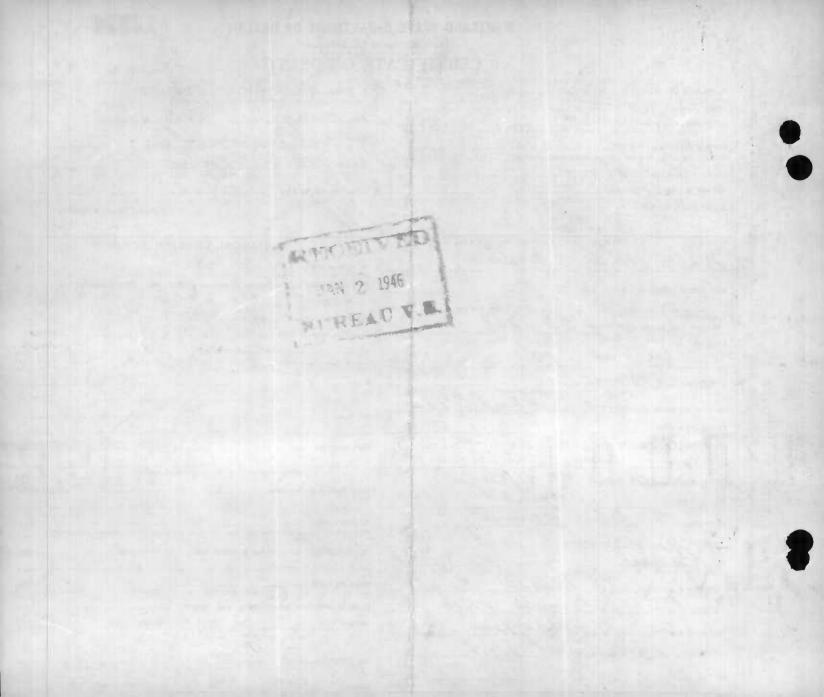
2411 N. Charles St., Baltimore

12274

CERTIFIC	CATE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Mary Pad County Freder
(If outside city or town limits, write RURAL and give nearest town)	13
How long in above place of death? 52.45	City or town
Hospital, Institution, or street address where death occurred:	Street No. 229 Earl Peline ST.
229 East Polompe	(If rura), give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME William Henry Cam	hill 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, Aidowed, or divorced	MEDICAL CERTIFICATION
male white manual	20. DATE OF DEATH 12230 19.45, 21 / 2A
8.(b) Name of husband or wife	21. I CERTIFY that dealtr occurred on the date above stated; that Untended deceased from
	NAGE IS A STATE OF THE STATE OF
7. Birth date of deceased (mo., day, yr.) Clary 20 1863	
8. AGE: Years Months Days It less than one day	Immediate cause of death
82 4 10 hrs.	min / Flesses (Delace 13 Mea
9. Birthplace (Town, county and state)	Due to
111. A Tele hall Million to	
10. Usual occupation.	Due to
11. Industry or business	
12. Name/Mortunes Staffell 13. Birthplace	Dther conditions
13. Birthplace May	
14. Malden name alice M. Mungalo	(include pregnancy within 3 months of death)
[/ 180]	Majer findings of eperations.
El 15. Birthplace	Date of op.
16. Informant Mrs Alles Harr	Autopsy results.
Address Burnsmed and	PHYSICIAN: Please underline the cause e which death sheuld be charged statistically.
D: 1 O- 1 194	22. VIOLENCE: It death was due to external causes, fill in the following;
(Burial, cremation, or removal Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. St. Markey	Where did injury occur?
Location Reveal Petersulle Ford	Injured at home, farm, Industry, public place (where?)
0 21 2 12 km Bed	Meens of Injury injured at work?
1B. Funeral director	- Silles II
Address Buinous Md-	/ 23. SIGNATURE
19. Dec. 31- 1945 Eugen Man	M. D. or other
(Date rec'd by registrar)	strer Address Date signed.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. T MARGIN RESERVED FOR BINDING VS A15

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CERTIFICATE OF DEATH

				Reg. Diat. No	***************************************	
1. PLACE OF D				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
T-20	derick		•••••••••••••••••••••••••••••••••••••••	state Maryland County Frederick		
(I) How long in above pla Hospital, institution.	ce of death?or street address whe	re death occurred	URAL and give nearest town)	Clipso town Braddock Heights (If outside city or town limits, write RURAL and give nearest town)		
Freder	rick City	y Hospi L Week	ital	Sireet No		
3. (a) FULL NAI		A. CC	BLENTZ	3. (b) Social Security I	Number	
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CERTIFICATION		
F	W	S		20. DATE OF DEATH PLEC 29 19.45	10 P	
	nd or wife			21. I CERTIFY that death occurred on the date above stated: that I attended decea	sed from	
7. Birth date of deceased (mo., da)	Tuno	23, 18	e) If allve, give ageyears	and that I last saw h. Az alive on 29 ac 29	19. 43	
8. AGE: Yes	rs Months	Days 6	If less than one day	Immediate cause of death	DURATION / Conces	
B. Usuat occupation	At H	u, county, and	ick-Maryland	Due to. Due to. Due to.	3 yem	
12. Name	tephen B Frederi	ck Cour	nty Maryland	Other conditions		
5			tterfield nty Maryland	Major findings of operations. Date of op.		
	arry B.		0			
			s, Maryland	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged	statistically.	
	Reform		eof 1/1/46 (month) (day) (year)	22. VIOLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or homicide	(State)	
		etown,	Maryland	Injured at home, farm, Industry, public place (where?)		
18. Funeral director	M B		son and Son	Means of Injury Injured at work?		
Address	Frede:	rick, l	Maryland	23. SIGNATURE H Leurence Falung	nip	
19. 1 - 9a (Dato rec'y by	registrar)	93	izabette & Heck.	23. SIGNATURE Address. Fredrick Md Date signed A	12 3/-	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The east of specially important. Physicians: please write the causes of death clearly and legibly ARGIN RESERVED FOR BINDING

VS A15

The correct age

RECEIVE V

1011

injured at work?

Address State Sanatorium, Md. Bare signed 12/24

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

			CERTIFICAT	TE OF DEATH Reg. Diat. No.	139	
City or town(If How long in above pla Hospital, institution, o	state Sa State Sa coutside city or town or streef address where Tubercu	Since death occurre losis	ium RURAL and give nearest town) Oct. 9, 1945 d: Sana tori um Oct. 9, 1945	State Maryland County Worcester		
3. (a) FULL NAM		E. C	OFFIN	3. (b) Social Securi	ity Number	
4. Sex Female	5. Color or race White		le, married, widowed, or divorced arried	MEDICAL CERTIFICATION 20. DATE DF DEATH DECEMber 22 19 44	5 .4:55p w	
7. Birth date of deceased (mo., day,	yr.) JUI		c) If allve, give age 26(?)	21. I CERTIFY that death occurred on the date above stated; that t attended of Oct. 9 1945, to Dec.	22 ₁₉ 4 5	
8. AGE: Yea		10	hrs min.	Pulmonary Tuberculosis	29 mo.	
9. Birthplace. Snow Hill, Md. (Town, county, and state) 10. Usual occupation. Housewife 11. Industry or business E				Tuber culous Laryngitis Due to	2 mo,	
14. Maiden name 15. Birthplace	Snow H	ills ill,	Md.	(Include pregnancy within 8 months of death) Majer findings of eperations		
Address 17	Deceased!	Dafe the	Penstanta	Autepsy results	ged statistically.	

Moans of Injury

23. SIGNATURE

Registrar

A15

The correct age

ly every item of information carefully.

UNFADING INK.

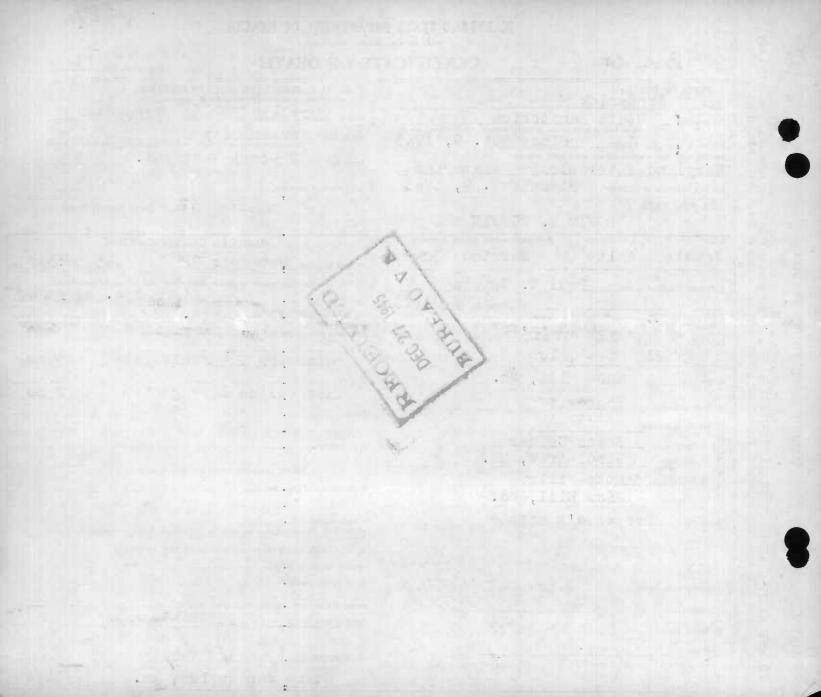
PLEASE WRITE PLAINLY, WITH UNF is especially important.

18. Funeral director

(Date rec'd by registrar)

Address

MARGIN RESERVED FOR BINDING





1	(1)
Y	9

The correct age 1. PLACE OF DEATH: County Frederick (If ontside city or town limits, write RURAL and give nearest town) information carefully. to 8 Hours Hospital, Institution, or atreet address where death occurred: 14th Street Now long in hognital or institution?..... 3. (a) FULL NAME RICHARD EDWARD COOK 6.(a) Single, married, widowed, or divorced? 4. Sax 5 Color or race every item of ite the causes B.(b) Name of husband or wife..... 6.(c) If allve, give age years 7. Birth date of March 31. 1922 deceased (mo., day, yr.) If leas than one day 8. AGE: Hill-Frederick-Maryland
(Towu, county, and state) Farmer 10. Usual occupation..... 11. Industry or business 12. Name John W. Cook Frederick County Maryland important. 14. Maldeo name. Nora E. Hargett

15. Birthplace Frederick County Maryland PLAINLY, vis especially 18 Interment Mr. John W. Cook Addres R. F. D. #4. Frederick. Maryland Cemeter or cremeter Mount Olivet Cemeterv

Frederick. Maryland

M. R. Etchison and Son Frederick. Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) County Frederick State Maryland Frederick-Rural R. F. D. #4
(If outside city or town limits, write RURAL and give nearest town) Church Hill (If roral, give LOCATION) 3. (b) Social Security Number None MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Immediate cause of death..... (Include pregnancy within 8 months of death) Major findings of operations..... PHYSICIAN: Please underline the cause to which deeth should be cherged statistically 22. VIOLENCE: If death was due to external causea, fill Accident, avicide, or homicide CLC CL injured at home, farm, industry, public place (where?) Means of Injury Gulion Lunion de Injured at work?

7S A15

WRITE

Address

A TORREST AND STREET, SANS TO STREET, SANS TO

DEC 5 1945
BULLDAU V 8

1. PLACE OF DEATH:

2) - Vec (Date rec'd by registrar)

Frederick

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

3. (b) Social Security Number 213-24-8256

		749	
ERTIFICATE	OF	DEATH	

2 01 22			Reg. Dist. No.
		OME) OF DEC	
State Mary	land	County	Frederick
City or town	Frede	erick	
(1	f outside city or	town limits, write	RURAL and give nearest town)
Street No. 505	South	Market	Street
2.(a) If veteran, na	(11)	rural, give LOCA DNO	

Hospital, Institution, or street address where death occurred: 505 South Market Street					
How long in hospital or	Institution?			*************	
3. (a) FULL NAME					
	ALONZO	MILTO	N COVELL		
4. Sex	5. Color or race	6.(a) Single	, married, widowed, or divorced	_	
M	W		M		
6.(b) Name of husband			n Wachter	0 × 00 0 00 000 00	
7. Birth date of deceased (mo., day, yr	.) January	4, 1	.884	year	
8. AGE: Years	Months	Days	It less than one day		
61	11	22	hrs	min.	
X 13. Birthplace	Laborer City of shua Cove	Fred	lerick		
14. Malden name	Margare Frederick	Cour	nty Maryland	1	
			Covell Frederick		
Burial (Burial)	Mount (Date there	12/29/45 (month) (day) (ye	ar)	
Cometery or crematory, Mount Olivet Cemetery Frederick, Maryland					
18. Funeral director	***************************************	*******************	son and Son Saryland	•••••	

(If outside city or town limits, write RURAL and give nearest town) Year

		1		
	MEDICAL	CERTIFICA	TION	
2D. DATE DF DEATH	Decemb	per 26,	19.45 at	9:15P
21. I CERTIFY that de	ath occurred on the date	above stated; that I	ettended deceased	l trom
and that I last saw h	im DEAD	Decemb	er 26,	19.45
Immediate cause of	death	relei		DURATION
Due to		•••••		••••••
)ue to	***************************************			
	••••••			
(Incl	lude pregnancy within	3 months of death)	
Major findings of ope	erations	Dati	e of op	····

MARGIN RESERVED FOR BINDING

Deputy Medical Examiner M. D. or other

(State)

Frederick, Maryland 12-27-45

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Injured at home, farm, Industry, public place (where?)

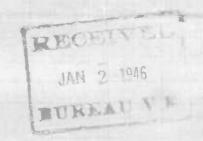
(City or town)

Accident, suicide, or homicide,.....

Where did injury occur?

Meens of Injury

23. SIGNATURE.

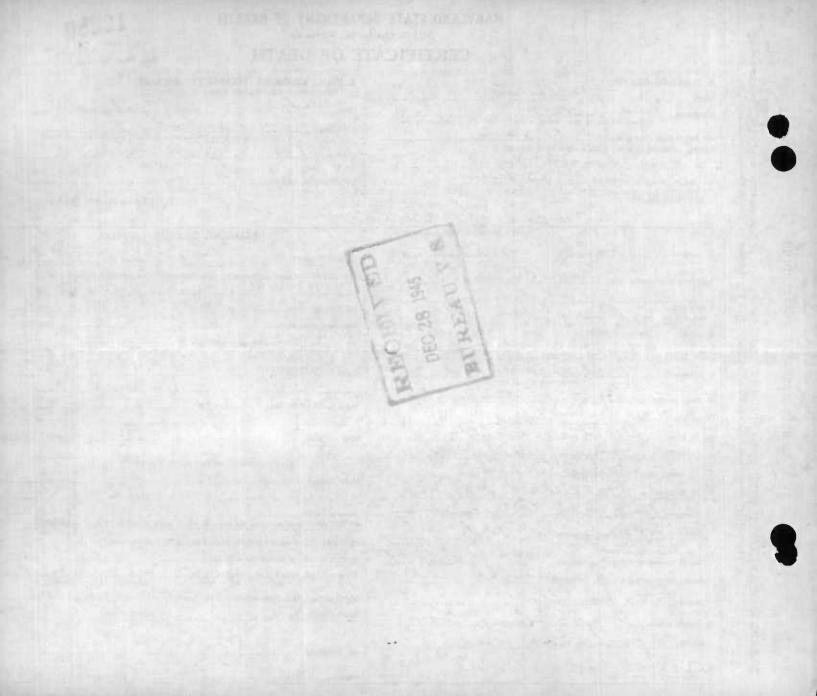


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eg.	Diat.	No.]	3	1

M. D. A. A. A.

T	E OF DEATH	Reg. Dist. No	31	
	2. USUAL RESIDENCE (HOME) OF Earnewborn infants give residence of r	F DECEASED: nother) Tulking	ĉ.	
	City or Jews (If outside city or town limits,	write RURAL and give near	rest town)	
	Street No	LOCATION)		
	2.(a) If veteran, name war	•••••••••••••••••••••••••••••••••••••••	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2	0-	3. (b) Social Security 1	Number	
1	ler	none	-	
		RTIFICATION	0.39	
_	20. DATE DF DEATH	126 1945	al 8 a.	
.	21. I CERTIFY that death occurred on the date above December 6th,	e stated; that I attended decea	sed from 5th 1945	
rs	and that I last saw h.er allye on Dece			
=	Immediate cause of death Coronary thrombos:	i e	DURATION 1 day	
). 	Intracapsular frac	cture of		
	Due to humerus		12/6/4	
	Due to accidental fall curse.		***************************************	
	Dther conditions	***************************************	***************************************	
_	(tnclude pregnancy within 3 m			
.	Major findings of operations			
-1		Date of op		
	Autopsy results	ch death should be charged a	tatisticalty.	
	22. VIOLENCE: If death was due to external caus	es, fill in the following:		
^	Accident, suicide, or homicide. Occident.		la lath, 1945.	
	Where did injury occur? #5 Pacand Atros (City or town)			
	Injured at home, farm, industry, public place (where?) In frank of the angel			
	Means of Injury Occidental fall.	Injured at work?		
	(2)/10	9 1/11		



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1071

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: Frederick			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
			State Maryland County Frederick		
Efforte Erederick (If outside city or town limits, write RURAL and give nearest town)			Unionville		
Now long in above place of	of death? 2 de	ays	(If outside city or town limits, writs RURAL and give nearest town)		
Hospital, Institution, or	street address where d	leath occurred:	Street No.		
	rgency Ho		(If rural, give LOCATION)		
		days	2.(a) If veteran, name war		
3. (a) FULL NAME			3. (b) Social Security Number		
		e V Davis	None		
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female	White	Single	20. DATE DE DEATH 200 19 47 at 9 6.1		
B.(b) Name of husband o	None	***************************************	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	··· con ··· san san san san san con con san co		dead De 19 VC		
7. Birth date of deceased (mo., day, yr.	May 18	1929	and that I last saw h. 4. Alte on 18.45		
8. AGE: Years	Months	Days If less than one day	Immediate came of death DURATION		
16	6	22hrsmln.	[wermore a transhillo 48 les		
6A	ams Co I	enna	Y States euse.		
9. Birthplace	(Town,	county, and state)	Due to		
1D. Usual occupation	N no				
ff. todustry or business			Due to		
12 Name	Gebrge J	Davis	Dither conditions		
	Maryland				
		Strasbaugh	(Include pregnancy within 8 months of death)		
14. Malden name	Penna		Major findings of operations.		
		7 7 1	Bate of op		
f6. Informant	r George	J Davis	Autopsy results.		
Address Unio	nville	Maryland	PHYSICIAN: Please underline the caose to which death should be charged statistically.		
			22. VIOLENCE: If death was due to external causes, fill in the following:		
Burial (Burlal, cremation or removal Which?) Bate thereof. Dec 13-1945 (month) (day) (year)			Accident, suicide, or homicide		
Cemetery or community Union Chapel Cemetery			Where did injury occur?		
Location Diam	Letylow	Maryland	Injured at home, farm, industry, public plays (the pa)		
DD 01-11-19			Means of Injury Means of Injury Manager Angued at work?		
18. Funeral director.			D. 350 3180		
Address Him Budge & New Window Mid			23. SIGNATURE		
19. 12 Dec 1845 Elizabeth J. Heck. (Date rec'd by registrar)			Fe places up M. D. or other		
(Date rec'd by regi	strar)	Registrar	Address Bate signed Address		

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RURLAU V. S.

Manage 50 - 185

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore (3/1) CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: information carefully. The cof death clearly and legibly (For newborn infants give residence of mother) Oalfeld outside city or town limits, write RURAL and give nearest town) (If ontside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution?.... 3. (a) FULL NAME 3. (b) Social Security Number muco MEDICAL CERTIFICATION MARGIN RESERVED FOR BINDING causes item . 21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from B.(b) Name of husband or wife..... 7. Birth date of man deceased (mo., day, yr.) Supply 8. AGE: Months tt less than one day (Town, county, and atate) UNFADING INK ant. Physicians: 11. Industry or business important. (Include pregnancy within 8 months of death) Major findings of operations..... PLAINLY, V PHYSICIAN: Please underline the cause to which death should be charged statistically, Address 22. VIOLENCE: If death was due to external causes, till in the following: (month) (day) (year) (Burial, ergmation, or removal Accident, suicide, or homicide..... Where did injury occur? (City or town) (State) Injured at home, farm, Industry, public place (where?) ... Means of Injury tniured at work? 18. Funeral director. s other Date signed.

DEC 18 1945 BUREAU T.8.

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The case we specially important. Physicians: please write the causes of death clearly and regibly.

MARGIN RESERVED FOR BINDING

VS A15

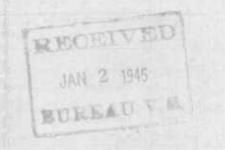
2411 N. Charles St., Baltimore Wilo

12283

CEDTIFICATE OF DEATH

Dist	N.T	1	3	2
	-	'U		

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County T. Y. County T. Cou	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
	2.(a) If veteran, name war
3. (a) FULL NAME 3. (a) FULL NAME 4. Sex 5. Color or race 6\(\alpha\) Single, msrried, widowed, or divorced Male \(\subseteq \tau_c \	3. (b) Social Security Number MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 9. Birthplace. M. J. A.	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19.
Trall 1 mall	23. SIGNATURE M. D. or other Address Date signed 2-23-24



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-2)

CERTIFICATE OF DEATH

12284

Rev. Dist. No. /3/

County. Stry or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? How long in hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME H. Engle	3. (b) Social Security Number
4. Sex 5. Golor or race 6.(a) singlet, married, widowed as discussed W married	MEDICAL CERTIFICATION 20. Date of Death Dec 14 19 4 5 1 10 30 A 1
6.(b) Name of bushess or wife Sarala Cla Sotts 6.(c) If alive, give age 76 years deceased (mo., day, yr.) Feb. 15, 1862	21. I CERTIFY that death occurred on the date above etated: that I attended deceased from 19. 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
8. AGE: Years Months Days If less than one day 8. Birthplace Steelsteek Co. Months Min. 9. Birthplace County, and state)	Hyper Insuffered to cut on
10. Usual occupation Farmer 11. Industry or businese 12. Name Nucleolas	Due to
14. Maiden name Aunie Eve	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Mrs Joseph Engle Address Walkelsville	Autopsy results
17. Burial, cremation, as ramoval, Whichin) Date thereof. Dec. 17. 194.5 (Burial, cremation, as ramoval, Whichin)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, euicide, or homicide
Cometery or cremerory MAT. How Location Woods bero	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, poblic place (where?)
18. Funeral director 4 @ Barton	Means of Injury Injured at work?
19. 10- Ulate rec'd by registrar) 19. 10- Registrar	23. SIGNATURE M. D. of other Address () Plantage of the state of the

PATALO DE LA CONTRACTOR DE LA CONTRACTOR

DEC 18 1945

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) information carefully. How long in above place of death?..... (If outside city of town limits, write Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution?.... 3. (a) FULL NAME 3. (b) Social Security Number S.(a)Single MEDICAL CERTIFICATION FOR BINDING causes Jo item 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6.(b) Name of husband or wife..... 7. Birth date of deceased (mo., day, yr.) Supply DURATION 8. AGE: Days If less than one day MARGIN RESERVED please ADING INK Physicians: (Town, county, and state 1D. Usual occupation. 11. Industry or business WITH UNF (Include pregnancy within 8 months of death) PLAINLY, vis especially PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, Illi in the following: Accident, suicide, or homicide..... (month) (day) (year) WRITE Where did Injury occur? (City or town) Injured at home, farm, industry, public place (where?)

Means of Inlury

23. SIGNATURE.

M. D. or other

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20-Vec (Date rec'd by registrar)

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DEC 26 1945

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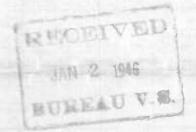
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-7

CERTIFICATE OF DEATH

1228	6.
Reg. Diat.	No. 144

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County	(For newborn infants give residence of mother)	
40 1-	State County County	Artigum
(If outside city or town limits, write RURAL and give nearest town)	City or town / Thussy 15	
How long in above place of death?	City or town (1f outside city or town limits, write RURAL and give nes	rest town)
Hospital, Institution, or street address where death occurred:	Street No	0******
	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veleran, name war	
3. (a) FULL NAME	3. (b) Social Security	Number
Katherina Grace Free	28	
4. Sex 5. Color or raca b.(a) Single, married, widowed, or divorced c	MEDICAL CERTIFICATION	
Funder While Marreed	20. DATE OF DEATH. 25 4 5	9550 M
6.(b) Name of husband or wife John D. Freeze	21. I CERTIFY that death occurred on the date above stated: that I altended dece	
6.(0) Name of nusband of wife	DE2 194 10 DE 29	a de and
7. Birth date of	200	19.4.
deceased (mo., day, yr.) July 184 1880		
8. AGE: Years Months Days If less than one day	Immediate cause of death	DURATION
65 5 /1hrsmin.	andreadilis acut	Junite
20. 00.	Mirous Referres	2
9. Birthplace	Due to	777
111 10		
10. Usual occupation.	Due to.	***************************************
11. Industry or business		1
= 12. Name George Westersbaffer	Other conditions	
12. Name Searge Westernboffers		
	(Include pregnancy within 3 months of death)	-
14. Maiden name Jesse Bartgerida Joseph Warlenbaker	Major findings of operatious.	
15. Birthplace Ind Warlenbarer	Date of on.	
1.1 + 7.		
16. Informant Johnson D. Listing dew	Antopsy results	
Address Mucroson		out doctory.
1 Acrial 246	22. VIOLENCE: If death was due to external causes, fill in the following:	
17. Burial, cremation, or removal, Which?) Bate thereof Ganh. 2 1946. (month) (day) (year)	Accident, suicide, or homicide	
Cemelery or crematory	Where did injury occur?	(State)
Location The Location	Injured at home, farm, Industry, public place (where?)	
18. Funeral director (Manager of Conditions)	Means of Injury Injured at work?	
<	11/2.12	20
Address Desirmand	23. SIGNATURE MOTTES a- Quely 1	70
19 Del 3/ 1945 Blanch S. Eyler (Date rec'd by registrar) (Date rec'd by registrar)		or other



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3/2)

CERTIFICATE OF DEATH

					1108		
1. PLACE OF DEATH:					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Frederick				***************************************			
Uf outside city or town limits, write RURAL and give nearest town)			IIDAI and give nonnet town	T- 22	***************************************		
How long In chave	nlane of de	50 in	Years		City or town Jefferson (If outside city or town limits, write RUR.	AL and give nearest town)	
Hospital, Institution	n, or stree	t address where	death occurred	•	Street No.		
			••••••		(If rurai, give LOCATION)	***************************************	
How long in hospit	tal or insti	tution?	***************************************	***************************************	2.(a) If veteran, name war		
3. (a) FULL N.	AME				3. (b) So	ocial Security Number	
	F	RNEST	WATTE	R FRY		one	
4. Sex		Color or race		-married, widowed, or divorced	MEDICAL CERTIFIC		
M		W		M			
					20. DATE OF DEATH.	19 45 at 11:40 H	
B.(b) Name of heet	band or wi	e There	sa Vi	rginia Fox	21. I CERTIFY that death occurred on the date above stated; that		
	4		6 (0) If alive, give age 68 years	(19.45) to	Wec 14 19 43	
7, Birth date of		Februa			and thet I last saw h. AMM-alive on	3 19 44 9	
8. AGE:	day, yr.) Years	Months	Days	If less than one day	Immediate cause of death	DURATION	
0. 2100.	70	10	2		May caree & alconfor	Setton 3 no	
			6	hrs min.	Hura effusion	3 700	
9. Birthpiace	irgi	nia	county, and s	A-A-A	Due to Chronic Myocan	2418	
		Dod.	nter	tate)	Must stinsses	4440	
10. Usual occupat	lon		HUGI	***************************************	Due to		
11. Industry or bus		- N I			13.0		
12. Name		c N. F			Dither conditions. Chare 12 1911	19 6915	
13. Birthplace				y Virginia	(Include pregnancy within 3 months of dea		
H 14 Molden n	ame M	lary El	izabe	th Shaff		tn)	
E	Fre	derick	Coun	tv Maryland	Major findings of operations		
≥1 15. Birthplace	Mag	Thong	TO F	th Shaff ty Maryland Fry		ate of op	
					Antopsy results	and he charged statistically.	
Address	Jeri	erson,					
Buri	al		Date there	12/17/45 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the		
(Burial, creme		emoval Which!)			Accident, suicide, or homicide	Date of	
Cemetery or eremator, St. Pauls Lutheran Cemetery			***************************************	Where did injury occur?	County) (State)		
Location	J	effers	on, Mo	d.	Injured at home, farm, Industry, public place (where?)		
200011111111111111111111111111111111111	T.	I R Eta	hienn	and Son	Means of Injury Inju	red at work?	
18. Funeral direct		ederick			a fre	H/9'	
Address	1, 1, 6	del.TCK	9 1914		23. SIGNATURE L. Jacksey	spice	
170	ec	19.45	13	is alute y truck	() Do-C- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	M. D. or other	
(Date rec'd b	y registra			Registrar	Address Jefferson 10	Date signed	

DEC 19 1915
BURLAU V S

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information carefully. The

correct

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 12240

2. IISHAL R (For new

Street No.....

Ma



CERTIFICATE OF DEATH

	Reg. Dist. No
born infants give reside	(E) OF DECEASED:
ryland	Frederick County
Thurmont	rural. n limits, write RURAL and give nearest town)
(lf rura	J. give LOCATION)

1. PLACE OF DEATH: Frederick Frederick (If outside city or town limits, write RURAL and give nearest town How long in above place of death?... Hospital, Institution, or street address where death occurred: 3 days. How long in hospital or instillution?.... 3. (a) FULL NAME Rosa Cordelia Fuss. 5. Color or race 6.(a) Single married, widowed, or divorced white widowed. Femalle Manuel Fuss .B.(c) If alive, give ageyears 7. Birth date of September 19, 1875 deceased (mo., day, yr.) Months It less than one day 8. AGE: 70 25 9. Birthplace Thurmont, Frederick Co., Md. (Town, county, and state) Retired 10. Usual necupation... Housewife. 11. Industry or business 12. Name...... 13. Birthplace George W. Miller Thurmont. Md. 14. Maiden nar 15. Birthplace Sarah Wilhide 14. Malden name... Thurmont. Md. Mrs. Clifford Green 18. Informant Thurmont, Md. Address Date thereof Dec. 17, 1945 Burial (Burial, cramation, or removal, Which?) (month) (dey) (year) Cemetery or cremeter United Brethern Thurmont. Md. M. L. Creager & Son 18. Funeral director. Thurmont,

	3. (0) Social Security Number
	None.
MEDICAL CI	ERTIFICATION
20. DATE OF DEATH Dec/Y	19. Y. J. at 12 3 M
21 I CERTIEV that death accurred on the date abo	
and that I last saw h a alive on Do	c 17 19 45
mmediate cause of deeth	OURATION
Acute Cardiai	lilitatin Sudden
lue to	***************************************
ther conditions Laugulat	I milled Home
(Include pregnancy within 3 r	nonths of death) alutina Borrel Date of op. Der 10-45

PHYSICIAN: Please underline the couse to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

injured at home, farm, industry, public place (where?)

(City or town)

WRITE PLAINLY ASE

(Date rec'd by registrar)

especially

Md.

23. SIGNATURI

Meens of Injury

Accident, suicide, or homicide......

Where did injury occur?

M. D. or other

DEC 18 1945
BUREAU V B

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The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlos St., Baltimore 131-0

CERTIFI	CATE	OF	DEATH

CERTIFICAT	E OF DEATH Rog. Diat. No.
1. PLACE OF DEATH: Frederick County Frederick Rural (If outside city or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland State Maryland County Frederick
How long in above place of dealh? Hospilal, institution, or street address where death occurred: Montevue How long in hospital or institution? 2 Years	City or team. (If outside city or town limits, write RURAL and give nearest town) Street No. 800 East Patrick Street (If rural, give LOCATION) 2.(a) If veteran, name war. None
3.(a) FULL NAME SARAH VIRGINIA GARMAN	3.(b) Social Security Number None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W W	20. DATE OF DEATH December 28, 19 45 , at 11:25Am
8.(6) Name of husband on mile. John C. Garman 6.(c) If alive, give age years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) March 2, 1872	and that I last saw h. exceller on lev 27 1945
8. AGE: Years Months Days If less than one day	Immediate cause of death
73 9 26hrsmin.	M. emia.
9. Birthplace I jamsville-Frederick-Maryland (Town, county, and state) 10. Usual occupation At Home	Due to Chile Vagualar Clenal Due to
11. Industry or business	900 IV.
12. Name James E. Crummitt 13. Birthplace Frederick County Maryland	Diher conditions
Alice Esworthy	(Include pregnancy within 3 months of death)
14. Malden name. Alice Esworthy 15. Birthplace Frederick County Maryland 16. Informant. Mrs. Robert M. Jacobs	Major fiadings of operations. Date of op.
16. Informant Mrs. Robert M. Jacobs	Antopsy results
Address R. F. D. #1, Frederick, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial (Burial, gramation, or removal, Which) Cemetery or translary Burial Date thereof. 12/31/45 (month) (day) (year) Cemetery or translary	Z2. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Frederick, Maryland	Injured al home, farm, Industry, public place (where?)
Location M. R. Etchison and Son	Mesns of injury injured at work?
Address Frederick, Maryland	23. SIGNATURE H Laurence Fahrny mil
19. 3) Dec 19. 4.5- Elizabeth J. Heck (Date rec'd by registrar)	23. SIGNATURE M. Nor other Address Tudinich ncl bate signed 229-45

WITH UNFADING INK. Supply every item of information carefully. The cimportant. Physicians: please write the causes of death clearly and legibly

WEITE PLAINLY, is especially

PLEASE

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MARGIN RESERVED FOR BINDING

1	2200	1	3 1
.2,	Reg. Diat.	No	- ~

1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Frederick	
(If outside city or town limits, write RURAL and give nearest town)	State YCd County Fire derich
How long in above place of death? 31 45	(if outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mary Catharine baren	no
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Attemale white widowed	20. DATE OF DEATH. Sec 10 1945 11 420
6.(b) Name of husband or wife. Lee J. Caxer	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19.19.43. to DIC 10 19.45
7. Birth date of	and that last saw h. C1alire on
deceased (mo., day, yr.) 8 AGF: Years Months Days It less than one day	Immediate cause of death
0. 800.	
79 7 23hrsmln.	Cerebral Hemorlage 1820
9. Birthplace Myerskille Trederial Co. Wdd.	Due to
10. Usual occupation House wife	Due to
1t. Industry or business	arterio Schroses
	Dither conditions.
12. Name Martin Grosstile.	
	(Include pregnancy within 3 months of death)
14. Malden name Salome Warner 15. Birthplace M sersville Md.	Major findings of operations
\$ 15. Birthplace myers wille md.	Date of op.
16 Interment Clean Care!	Autopsy results
Address Milleton Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
12.12.15	22. VIOLENCE: It death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Date thereof	Accident, suicide, or homicide
Cemetery or crematory Lytherax lane tery	Where dld injury occurs (City or town) (County) (State)
MIII MA	1/1/
Location Cliddle to war 1	Injured at home, farm, industry, public place (where?)
18. Funeral difector Land Land	Means of Injury Injured at work?
Address Middle towar , Mid	23 SIGNATURE S Horp Miles
Dec 13 45 mais glassial	M. D. or other
19. (Date ree'd by registrar) Registrar	Address for A Later to Date signed 12-11-45



1. PLACE OF DEATH: County Frederick City or team Frederick Row long in ebove place of doafh? 30 years Hospital, institution, or street eddrese where death occurred: Frederick City Hospital How long in hospital or institution? 1 week 3. (a) FULL NAME DANIEL C. GIBSON 4. Ses 5. Color or race 6. (a) Signe, married, widowed, or divorced Male White Married 8. (b) Name of hysband or wife Clara Trail 7. Birth date of decased (mo., day, yr.) Dont' Know 8. AGE: Yeare Monthe Days If less than one day 70 hrs. 9. Birthplace Bedford, Pennsylvania (Town, county, and state) 10. Usual occupation Insurance Company Manager 11. Industry or business 12. Hame Henry Gibson 13. Birthplace Pennsylvania 14. Maiden name Don't Know	min. Gente Connary I Mondons
City or team. Frederick (If outside city or town limits, write RURAL and give nearest town) How long in above place of doafh?	City or town Frederick (If outside city or town limits, write RURAL and give nearest tow Streel No. 1 East Church Street (If rural, give LOCATION) 2.(a) If veleran, name war. None MEDICAL CERTIFICATION 20. DATE DF DEATH December 19, 21 21. I CERTUFY that death occurred on the date above stated; that I attended deceased from the date above stated and that I last saw h. Annually to the date above stated and that I last saw h. Annually to the date above stated and that I last saw h. Annually to the date above stated and that I last saw h. Annually to the date above stated and that I last saw h. Annually to the date above stated and that I last saw h. Annually to the date above stated and that I last saw h. Annually to the date above stated and the date above sta
How long in above place of doath? 30 years Rospital, institution, or street address where death occurred: Prederick City Hospital How long in hospital or institution? 1 week 3. (a) FULL NAME DANIEL C. GIBSON 4. Ses 5. Color or race 6. (a) Signe, married, widowed, or divorced Male White Married 6. (b) Name of hysband or wife Clara Trail 7. Birth date of decased (mo., day, yr.) Dont! Know 8. AGE: Yeare Monthe Bays If less than one day 70 hrs. 9. Birthplace Bedford, Pennsylvania (Town, couuty, and state) 10. Usual occupation Insurance Company Manager 11. Industry or business Henry Gibson 21. Birthplace Pennsylvania 22. Name Henry Gibson 23. Birthplace Pennsylvania 24. Name Pennsylvania 25. Pennsylvania 26. Pennsylvania Pennsylvania 27. Name Pennsylvania 28. Pennsylvania Pennsylvania 29. Pennsylvania Pennsylvania 30. Pennsylvania Pennsylvania 31. Pennsylvania Pennsylvania 32. Pennsylvania Pennsylvania 33. Birthplace Pennsylvania 34. Pennsylvania Pennsylvania 35. Pennsylvania Pennsylvania 36. Pennsylvania Pennsylvania 37. Pennsylvania Pennsylvania 38. Pennsylvania Pennsylvania Pennsylvania 38. Pennsylvania Pennsylvania Pennsylvania Pennsylvania 38. Pennsylvania P	Streel No. 1 East Church Street (If rural, give LOCATION) 2.(a) If veleran, name war. None 3. (b) Social Security Number None MEDICAL CERTIFICATION 20. DATE DF DEATH December 1th . 19 15 . at 21. I CERTIFY that death occurred on the date above stated; that f attended deceased from the date above stated; the date above
Hospital, institution, or street eddress where death occurred: Frederick City Hospital How long in hospital or institution? I week 3.(a) FULL NAME DANIEL C. GIBSON 4. Ses 5. Color or race 6.(a) Signite, married, widowed, or divorced Male White Married 6.(b) Name of hysband or wife. Clara Trail 7. Birth date of decased (mo., day, yr.) Dont' Know 8. AGE: Yeare Monthe Bays If less than one day 70 hrs. 9. Birthplace. Bedford, Pennsylvania (Town, county, and state) 10. Usual occupation. Insurance Company Manager 11. Industry or business Henry Gibson Pennsylvania 12. Name Pennsylvania 13. Birthplace Pennsylvania 14. Sirthplace Pennsylvania 15. Sirthplace Pennsylvania 16. Sirthplace Pennsylvania 17. Sirthplace Pennsylvania 18. Sirthplace Pennsylvania 19. Sirthpl	Streel No. 1 East Church Street (If rural, give LOCATION) 2.(a) If veleran, name war. None 3. (b) Social Security Number None MEDICAL CERTIFICATION 20. DATE DF DEATH December 1th . 19 15 . at 21. I CERTIFY that death occurred on the date above stated; that f attended deceased from the date above stated; the date above
Row long in hospital or institution? 3. (a) FULL NAME DANIEL C. GIBSON 4. Ses 5. Color or race Male White Married 8. (b) Name of hysbard or wife. Clara Trail 7. Birth date of decsased (mo., day, yr.) Bont' Know 8. AGE: Yeare Monthe Bays If less than one day 70 hrs. 9. Birthplace. Bedford, Pennsylvania (Town, county, and state) Insurance Company Manager 11. industry or business Henry Gibson 12. Name. Henry Gibson Pennsylvania	2.(a) If veleran, name war. None 3. (b) Social Security Number None MEDICAL CERTIFICATION 20. DATE DF DEATH December 19 15 at 21. I CERTIFY that death occurred on the date above stated; that f attended deceased from 18 45 to 25 to
3. (a) FULL NAME DANIEL C. GIBSON 4. Ses 5. Color or race Male White Married 8. (b) Name of hysband or wife. Clara Trail 7. Birth date of decased (mo., day, yr.) Bont' Know 8. AGE: Years Monthe Days If isss than one day 70 Birthplace. Bedford, Pennsylvania (Town, county, and state) Insurance Company Manager 11. industry or business Henry Gibson Pennsylvania 12. Name. Henry Gibson Pennsylvania	3. (b) Social Security Number None MEDICAL CERTIFICATION 20. DATE DF DEATH December 1th . 19 15 st . 2 21. I CERTYFY that death occurred on the date above stated; that I attended deceased from 18 45 to
4. Ses Male White Married 8. (6) Name of hystered or wife. Clara Trail 7. Birth date of decsased (mo., day, yr.) Bedford, Pennsylvania (Town, county, and state) Insurance Company Manager 10. Usual occupation. Henry Gibson Pennsylvania Pennsylvania Pennsylvania 13. Birthplace Pennsylvania	MEDICAL CERTIFICATION 20. DATE DF DEATH December 1th . 19.15 st
Male White Married 8.(6) Name of hystered or wife. Clara Trail 8.(c) If alive, give age. 7. Birth date of decsased (mo. day, yr.) Dont! Know 8. AGE: Yeare Monthe Bays If less than one day 70 hrs. 9. Birthplace. Bedford, Pennsylvania (Town, courty, and state) 10. Usual occupation. Insurance Company Manager 11. Industry or business 12. Hame. Henry Gibson 13. Birthplace Pennsylvania	MEDICAL CERTIFICATION 20. DATE DF DEATH December 1th . 19 15 st . 2 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 18 45 to
8. (b) Name of hystered or wife. Clara Trail 7. Birth date of decased (mo., day, yr.) Dont' Know 8. AGE: Years Months Days If isss than one day	21. I CERTYFY that death occurred on the date above stated; that f attended deceased from the date above stated; that f attended deceased from the date above stated; that f attended deceased from the date above stated; that f attended deceased from the date above stated; that f attended deceased from the date above stated; that f attended deceased from the date above stated; that f attended deceased from the date above stated; that f attended deceased from the date above stated; that f attended deceased from the date above stated; that f attended deceased from the date above stated; that f attended deceased from the date above stated; that f attended deceased from the date above stated; that f attended deceased from the date above stated; that f attended deceased from the date above stated; that f attended deceased from the date above stated; that f attended deceased from the date above stated; that f attended deceased from the date above stated; the date above stated stated above stated stated above stated stated stated stated above stated
8. AGE: Years Months Bays If less than one day 70 Months Bays If less than one day 70 Months Bays If less than one day 70 Months	rears and that I last saw h. 1997 alive on State I mmediata cause of death II min. [Jeste Carrary Manufaces]
8. AGE: Years Months Bays If less than one day 70 Months Bays If less than one day 70 Months Bays If less than one day 70 Months	min. Gente Connary I mondons
8. AGE: Years Months Bays If less than one day 70 Months Bays If less than one day 70 Months Months	min. Gente Connary I mondons
70 hrs. 8. Birthplace Bedford, Pennsylvania (Town, county, and state) 10. Usual occupation Insurance Company Manager 11. Industry or business 12. Name Henry Gibson 13. Birthplace Pennsylvania	min. Gente Connary I monton
9. Birthplace Bedford, Pennsylvania (Town, county, and state) 10. Usual occupation Insurance Company Manager 11. Industry or business 12. Name Henry Gibson 13. Birthplace Pennsylvania	- I detail and the state of the
10. Usual occupation Insurance Company Manager 11. Industry or business 12. Name Henry Gibson Pennsylvania	Due to.
10. Usual occupation Insurance Company Manager 11. Industry or business 12. Name Henry Gibson Pennsylvania	
### Henry Gibson 13. Birthplace Pennsylvania	
Henry Gibson Yennsylvania	Due to
13. Birthplace Pennsylvania Don't Know	Other conditions.
Don't Know	(Include pregnancy within 3 mouths of death)
14. Malden name. Don't Know 15. Birthplace Pennsylvania	Major findings of operations. And Bats of op.
16. Informant Mrs. Clara Trail Gibson	
Address 4 E. Church St Frederick, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistic
	22. VIOLENCE: If death was due to esteroal causes, fill in the following:
17 Burial Burial Bafe thereof Dec. 6-1915 (month) (day) (year	
Cemelery or Mount Olivet Cemetery	Where did injury occur?
Location Frederick, Maryland	Injured at home, farm, Industry, public place (where?)
18. Funeral director C.E. Cline and Son	Meane of injury Injured at work?
Address Frederick, Maryland	669 40
19. Le Dec (Date rec'd by registrar) 1943 - Elizabeth J. Her	- 23. SIGNATURE a. a. Cerre M. D.

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MARYLAND STATE DEPARTMENT OF HEALTH

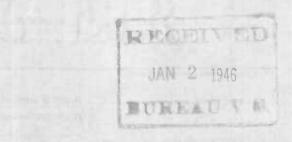
2411 N. Charles St., Baltimore More

12292

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH: County Frederick City or term. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Frederick City Hospital How long in hospital or institution?					Frederick-Rt (if outside city or town iin Urbana	County Frederick	¹ 2 town)
3. (a) FULL N	AME	LINDA	LILLI	AN GIESLER		3. (b) Social Security Num	aber
4. Sex		olor or race	6.(a)Single	, married, widowed, or divorced		CERTIFICATION	90
	************) If alive, give ageye	ars and that I last saw harman alive on	above stated: that I attended deceased 19.46, to 29	19.42
8. AGE:	Years	Months	Days 7	It less than one day	Immediate cause of death		OURATION
10. Usual occupa 11. Industry or bu 12. Hame 13. Birthplace 14. Malden n 15. Birthplace	siness Merh Free ame L Free Mer	Infant LE. G derick illian derick nl E.	iesler Count Gladh Count Giesle	y Maryland aill y Maryland	Other conditions (Include pregnancy within Major findings of operations	Date of op	******************
17. Buri	al language of the language of	Mount Freder	Date there Olivetick, M	12/29/45 (month) (day) (year) Cemetery laryland on and Son	22. VIOLENCE: If death was due to external Accident, suicide, or homicide	Date of	ate)
19. 29- [Date ree'd I)ec	19 4 5	CD.	aryland Leck	23. SIGNATURE	M. D. or ot	D.



Joseph To

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 927

CERTIFICATE OF DEATH

12293

CERTIFICA	Reg. Dist. No.	./
1. PLACE OF DEATH: Frederich County City or town (If outside city or town limits, write RURAL NEAR and give town) Street address, hospital, or institution:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Traduct City or town (If outside city or town limits, write RURAL NEAR and	
Stay in hospital or that. (yrs., or mos., or days)	Street No	
3. (a) FULL NAME New Orbin Ellin / Grant	3. (b) Social Secur	ity Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Servelle Wickowski	MEDICAL CERTIFICATION 20. DATE OF DEATH December 299 18	45~ at 10 PM
B (b) Name of husband or wife _ Access Section Secti	21. I CERTIFY that death occurred on the date above stated; that I attended	deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 74 2 FF	Immediate cause of death Lecrelisal Idenorshage	OURATION
9. Birthplace There (Town, county, and state)	- Que to - arturascharacia	3 years
10. Usual occupation — Harris 11. Industry or business	Due to	
12. Name Joseph They 13. Birthplace Thermore, Wed	Other conditions Character Walnut Alease Assessed the teach, Nichol Alease (Include pregnancy within 8 months of death)	is 5 years Chysician
14. Malden name awards Danville 15. Birthplace Thursday, Wed 16. Informant Ray Rugous (Asy)	Of operations No operation	Please underline the cause to which death should be charged statisti-
Address Empileling Mad	01 autopsy	cally.
(Burial, cremation, or removal, Which?) Cemetery or crematory Oate thereof (month) (day) (year)	Accident, suicide, or homicide Bate of Where did injury occur? (City or town) (County)	(State)
18. Funeral director My L. Outsur Hay	Injured at home, farm, Industry, public place (where?)	
18. Funeral director M. Z. Orland Manager Mana		. D. or other
(Date rec'd by registrar) Registrar	Address Cruils lang Tud Date s	igned 12-30.45

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FOR BINDING

MARGIN RESERVED

VS A15

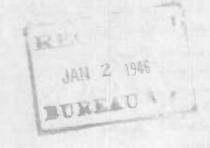
MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

12294 Reg. Dist. No. 144

... Date signed 2/31/45

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Administration County The State Stat
(If outside city or town limits, write RURAL and give nearest town)	100
How long in above place of death? 60 years	(If outside city or town limits, write RURAL and give nearest town)
Hospilal, institution, or street address where death occurred:	Street No.
	(If rurai, give LOCATION)
How long to hospital or Institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Italliam N.	Treen home
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White Wednesd.	20. DATE DE DEATH Desember 30 1945 at 9:15 P. M
nottie (1) Harren	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife. Although States	Sept 2" 19 45" to Dec 30 19 4 d
7. Birth date of	and thet ! last saw h imalive on Dec 30 / 148 19 48
deceased (mo. day, yr.) September 6, 1856	
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
89 3 12hrsmin.	X
Still I Fundice to my	- Carcingany Stringel 1 440
9. Birthplace All for the first	Due to Comma O Dua eta
10, Usual occupation Attitude	
11. Industry or business Hazmes	Due to
-41	
12. Name	Dither conditions
2 13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations
X 15. Birlhplace	Date of op.
18. Informani	Autopsy results
Address Tracekam, Ond.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burist, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemelery or crematory	Where did injury occur?
Location Arthough the Location of Detail	Injured at home, farm, Industry, public place (where?)
18. Funeral director D. B. Chenger a Son	Means of injury Injured at work?
MI 1 + 2 1	0.1.0.10.
Address humandut, I hal.	23. SIGNATURE Horris a. Birely M.D. or other
10 Dec. 31 10 45 Blanche & Enles	M. D. or other
(Date rec'd by registrar)	Address / hurmont / day Date signed/2/3/145



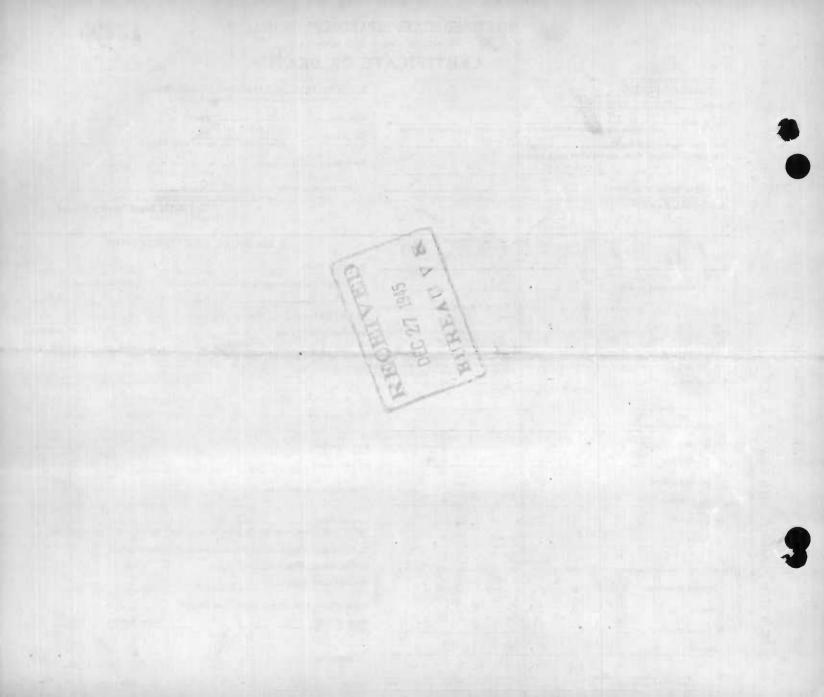
VS A15

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1	-	

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH 2411 N. Charles St., Baltimore

1. PLACE OF DEATH: Frederick County					2. USUAL RESIDE	NCE (HOME) OF	DECEASED:	
					State Maryland County Frederick			
City or take Frederick (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:			State	ederick	y	V		
			City or journ (If out	ederick	write RURAL and giv	re nesrest town)		
				Motter Ave				
909 Motter Avenue How long in hospital or institution?						(If rural, give L	OCATION)	
					2.(a) If veteran, name war None			
3. (a) FULL	NAME				3. (b) Social Security Number			rity Number
		MARY E	LIZABE	TH HAINES			None	
4. Sex	5.	Color or race	8.(a)Single	e, married, widowed, or divorced		MEDICAL CEI	RTIFICATION	
F		W		M	2D. DATE DF DEATH	December	23, 194	5 ,1:30P
S.(b) Name of	husband or w	Jes	se L.	Haines	21.4 CERTIFY that death	occurred on the date above	stated; that lightended	deceased from
				e) If alive, give ageyear	Wie ?!	194	5 to Ds	23194
7. Birth date o	f .		28, 18		end that t last saw	alive on		198-4-6
deceased (m	O., day, yr.) Years	Months	Days	If less than one day	Immediate cause of dea	th		DURATION
o. AGE:	85	4	15	The second secon				
		1 -		min	-	Mue		
9. Birthplace.	Char	lesvil	le-Fre	derick-Marylar	Due to	A		***************************************
					UQ O	per gover	Charles	м
			(AiA.Y		Due to			
11. Industry o	-	07 D	Romahu	22.00	-	***************************************		
				rg	Other conditions	***************************************		
				ty Maryland	(Includ	le pregnancy within 3 mo	nths of death)	
里 14. Malde	n name	Sopnia	E. Mi	Ller		tions		
15. Birthplace Frederick County Maryland								
14. Malden name Sophia E. Miller 15. Birthplace Frederick County Maryland Charles Haines								
				rederick, Md.		derline the cause to which		
					22. VfOLENCE: If deat	h was due to external cause	s, fill in the following;	
17. DU]	T.a.L	removal. Whic	Date there	nof 12/26/45 (month) (day) (year)	Accident, suicide, or hom	nicide	Date of	
Compterver	anamaterry	Mount	Olive	t Cemetery	Where did injury occur?	(City or town)		/SA-A-1
		Frede		Maryland		(City or town) adustry, public place (wher		
Location					Meene of Injury	noustry, public place (wher	injured at work?	
18. Funeral d				son and Son	muene of injury	1184	Injured at work?	
Address				Maryland		VI DI.	8 4 4 4	M. D.
0.11	N		CO	. A AA O. 11-11	23. SIGNATURE	" Cu	M	M. D.
19. 4.4	d by rodiets	19.14.57.		Registra	Frede:			ned 12-24-4



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12296

CERTIFICATE OF DEATH

Reg. Diat. No...

Rural—Walkersville (If outside ety or town limits, write RURAL and give nearest town) Roughla, Institution, or street address where desth occurred: Rural—Walkersville	18 oco 1 good oo oo oo oo oo oo
SARAH POOLE HEMPSTONE HANDLEY 4. Sax 5. Color or race 6. (a) Name of husband or with a charged married widewed or divorced 8. (b) Name of husband or with a charged season of the state of deceased (mo., day, yr.) 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months 9. Birthplace Poole sville Montgomery Co., Md., Crown, county, and state) 10. Usual occupation. Housewife 11. Industry or business Home 11. Industry or business Home 12. Name Vernon Hempstone 13. Birthplace Montgomery County, Maryland 14. Malden name Sarah E. O. O. E. O. C. Maryland 15. Birthplace Montgomery County, Maryland 16. Interment Charles F. Handley Maddress Walkersville, Maryland Maryland PHYSICIAN: Please underline the canse to which death should be charged statistic.	
Female White Married 5.(c) Name of husband or S. Charles F. Handley 7. Sith date of deceased (mo., day, yr.) 8. AGE: Yeare Months Days It less than one day 6.7 / O	
8.(b) Name of husband or Charles F. Handley 7. Sirth date of deceased (mo., day, yr.) 8. AGE: Yeare Months Days If less than one day Company and state) 9. Birthplace Poolesville Montgomery Co. Md.s. 10. Usual occupation. Housewife 11. Industry or business Home 12. Name. Vernon Hempstone 13. Birthplace Montgomery County, Maryland 14. Maiden name. Sarah E. Ool = 15. Birthplace Montgomery County, Maryland 16. Intermant Charles F. Handley Address Walkersville, Maryland 21. I CERTIFY that death occurred on the date above stated; that I jattended deceased from the date above stated; that I jattended deceased from the date above stated; that I jattended deceased from the date above stated; that I jattended deceased from the date above stated; that I jattended deceased from the date above stated; that I jattended deceased from the date above stated; that I jattended deceased from the date above stated; that I jattended deceased from the date above stated; that I jattended deceased from the date above stated; that I jattended deceased from the date above stated; that I jattended deceased from the date above stated; that I jattended deceased from the date above stated; that I jattended deceased from the death above stated; that I jattended deceased from the deceased from the date above stated; that I jattended deceased from the deceased from the date above stated; that I jattended deceased from the deceased from the date above stated; that I jattended deceased from the deceased from the deceased from the date above stated; that I jattended deceased from the deceased	930P
8. AGE: Yeare Months Days If less than one day (7) / 0 / 0 / 0 / 0 / 0 / 0 / 0 / 0 / 0 /	from
11. Industry or business Home 12. Name Vernon Hempstone 13. Birthplace Montgomery County, Maryland 14. Malden name Sarah E - O o C = 15. Birthplace Montgomery County, Maryland 16. Informant Charles F. Handley Address Walkersville, Maryland Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistics 15. Birthplace Montgomery County, Maryland 16. Informant Charles F. Handley Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistics 16. Informant Charles F. Handley 17. Name Vernon Hempstone 18. Birthplace Montgomery County, Maryland 19. Birthplace Major findings of operations 19. Birthplace Major findings of operations 19. Birthplace Major findings of operations 19. Birthplace Montgomery County, Maryland 19. Birthplace Mo	ouration ouch resp reap
16. Informant Charles F. Handley Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistic.	
Burial Burial Dec. 29-1945 Date thereof Dec. 29-1945 Accident, suicide, or homicide. Date of Date of	
Cemetery or exemetery Mount Olivet Cemetery Where did injury occur? (City or town) (Connty) (State Location Frederick, Maryland injured at home, farm, industry, public place (where?)	tate)
18. Funeral director. C.E. Cline and Son Address Frederick, Maryland 19. 29-Dec 1845- Elizabeth L. Hecks. Means of Injury Injured at work? 23. SIGHATURE Funch H. Jehn M. D. or other than the state of the state	, c

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

CERTIFICATE OF DEATH

131

	10021 21401 1001111111111111111111111111
1. PLACE OF DEATH: Prederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Frederick	state Pennsylvania County Montgomery
(If outside city or town limits, write RURAL and give nearest town)	Manni at arm
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or streef address where death occurred:	Sireet No. 501 George Street
Frederick City Hospital	(If rural, give LOCATION)
How long in hospital or institution? 2 Days	2.(a) If veteran, name war None
3. (a) FULL NAME	3. (b) Social Security Number
HARRY J. HARDY	
4. Sex 5. Color or race 6.(a) Single, married, widewed, or divorced	MEDICAL CERTIFICATION
M W manied.	20. DATE DF DEATH. December 7, 1945 at 8:22A
6.(6) Name of husband or wife Bessie E. Hendrich	21. I CEBLIFY that death occurred on the date above stated; that I attended deceased from
	Dec 5 /945 19 to 020 7 1945
7. Birth date of October 30 7007	and thet I last saw had alive on Oec. 6 19.45
and the state of t	Immediate cause of death
o. 1102.	Coronary after Wiscone
00 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	T Heart Block. 1
9. Birthplace Pennsylvania (Town, county, and state)	Due to
Painter	
TD, USBAI OCCUPATION	Due to
11. Industry or business	
E 12. Name Harry Hardy	Dther conditions
₹ 13. Birthplace Pennsylvania	(Include pregnancy within 8 months of death)
# 14. Maiden name Mary Dudley	
14. Malden name Mary Dudley 15. Sirthplace Pennsylvania	Major findings of operations
Frederick City Hospital	Date of op
TWO IN THE RELEASE OF THE PERSON OF THE PERS	Antopsy results
Address Frederick, Maryland	
17. Burial (Burial, cremation, or removed, Whistiff) (Burial, cremation, or removed, Whistiff) (Burial, cremation, or removed, Whistiff) (Burial)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Rivergide Cemeterr	
Completely of Chambers 1	Where did injury occur?
Norristown, Pa.	Injured at home, farm, industry, public place (where?)
18. Funeral director M. R. Etchison and Son	Meene of Injury Injured at work?
Address Frederick, Maryland	h . TIM GO
M D	23. SIDNATURE ATWARD W. ack M. D.
18. The 1845 Elyabeth J. Hede.	M. D. or other
(Date rec'd by registrar) Registrar	Address Frederick Maryland Date signed 12-7-45

Registrar Address Frederick, Maryland Date signed 12-7-45

DEC 12 1945 BUREAU V S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	Reg. Dist. No
OME) OF DECEASED:
	e of mother)
	County Tu
m	
r town li	mits, write RURAL and give nearest town)

3. (b) Social Security Number

2. USUAL RESIDENCE (H (For newborn infantagive

(If outside city o

City or town ...

(If outside city or town limits, write RURAL and give nearest town Hospital, Institution, or street address where death occurred: How long in hospital or institution?... 3. (a) FULL NAME 7. Birth date of deceased (mo., day, yr.) It less than one day 8. AGE: 9. Birthplace..... (Town, county, and atate) 10. Usual occupation. 14. Maiden na 15. Birthplace 14. Maiden name... 17.....(Burial, cremation, or removal. Which?) Cametery or crematory 1B. Funeral director.

1. PLACE OF DEATH:

carefully.

information of death cle

tem of causes

important.

PLAINLY, is especially

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clearly

MEDICAL CERTIFICATION

21. I CERUST that death occurred on the date above stated: that Lattended deceased from

(If rural, give LOCATION)

(Include pregnancy within 3 months of death) Major findiogs of operations.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

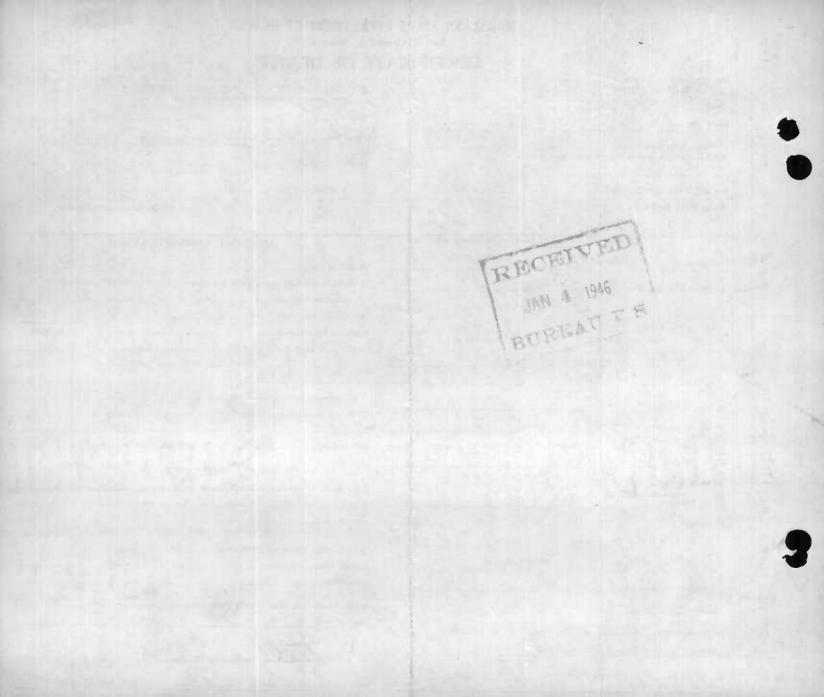
22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide.....

Where did injury occur? (City or town) (County)

Injured at home, farm, Industry, public place (where?) Meens of Latery

23. SIGNATURA

Address (Date rec'd by registrar)



MARGIN RESERVED FOR BINDING

VS A15

PLEASE-WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

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			CERTIFICA	TE OF DEATH	Reg. Dist. No	1.3.1
1. PLACE OF DE				2. USUAL RESIDENCE (HOME) (For newborn infants give residence	OF DECEASED:	
				state Maryland	773 1 4	ck
City or ton (1f	outside city or town l	mits, write R	URAL and give nearest town)	City or town Frederick (If outside city or town lix		
How long in above place Hospital, institution, or	e of death?	death occurred	•			
Hospital, Institution, or	outh Marke	t Stre	et	Street No. W. Md. Apartm. (If roral, a	CILLS.,DOULDMA dve LOCATION)	CKR.TS.t.
How long in hospital o	r Institution?			2.(a) If veteran, name war	<u>e</u>	
3. (a) FULL NAM		WILLI	AM HEINLEIN		3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Singh	married, widowed, or divorced	MEDICAL	CERTIFICATION	
Male	White	Ma	rried	2D. DATE OF DEATH	1519.245.	11:30°
6.(b) Name of husband			11 Heinlein 2) It alive, give age 70 year	21. I CERTIFY that death occurred on the date	above stated; that I attended dec	eased from
7. Birth date of deceased (mo., day,	yr.) Sept.]	, 1862		and it is last eaw h.l. kalive on		DURATION
8. AGE: Years		Days 15	If less than one day	Coronny	elun	Mundente
9. Birthplace	Frederick	, Fred	erick Co., Maryl	ardoue to.		
			er			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
11. industry or busines	Mana		iii.	Due to		100=
12. Name	Frederic Germany	k Hein	lein			
14. Malden came.	Dorothea	Dunkh	orst	(Include pregnancy within		
15. Birthplace	Germany			Major Madings of Special-		
	Mrs. Geo Frederic		Hainlein	Autopsy results	which death should be charge	d statistically.
Address	7			22. VIOLENCE: If death was due to external		
(Burial, cremetion	or semesal. Which?	Date there	month) (day) (year)			
	Mt. O			Where did injury occur?(City or tow	n) (County)	(State)
Location	Frede			tnjured at home, farm, industry, public place		Je on no no non open non open no
1B. Funeral director	С. Е.	Cline	& Son	Means of Injury	tnjured at work?	
Address		rick,	Maryland	22 SIGNATURE POWS	an.	
19. 15 De	C 19 14 5	13 -	lisabeth & Hed	2. Something	N and	or other

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PLEASE WRITE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

CEPTIFICATE OF DEATH

		1	00	
1		1	6.3	11:41
	Rev.	Dist.	No.	13/

CERTIFICAL	Reg. Dist. No. 1.3
1. PLACE OF DEATH: County (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? How long in hospital or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Harry Hurley Sr.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widewed, or divorced, Whit Carried 8.(b) Name of husband or wife. Christian 7. Birth date of deceased (mo., day, yr.) Carried 8. AGE: Years Months Days It less than one day 9. 2 Months Days It less than one day 9. 2 Months Months	MEDICAL CERTIFICATION 20. DATE DF DEATH December Z.O., 19.45, at 6:15 P.: M 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Movember Z.O. 19.45 and that I last saw h//7 alive on Literature 19. 19.5 Immediate cause of death Francisco 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
9. Birthplace	Due to Intervasion Cardigrascular 25 years Due to Denility (8 years) Carcidental falls outside his homes Bither conditions Cinclude pregnancy within 3 months of death)
14. Malden name Called Ward Ward Company Compa	Major findings of operations
18. Fueral director Roy Basters Address Zay Ton velle ma 19. 22 - Dec 18 45 - Elizabeth - Registrar (Date ree'd by registrar)	Injured at home, farm, Industry, public place (where?) Means of Injury Teceidental fall, Injured at work? 23. SIGNATURE M. D. or other Address Lamenta, 100 Date signed 12/72/45

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 904

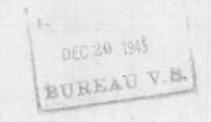
CERTIFICATE OF DEATH

				Keg. Dist. 140.
1. PLACE OF DEA	ATH: erick			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Fre	derick-R	11ra7		State Maryland County Frederick
(If o	utside city or town i	imita, write R	URAL and give nearest town)	Frederick
			••••••	(If outside city or town limits, write RURAL and give nearest town)
Hospilal, Institution, or	street address where Cy Hospi	death occurred	•	Street No. 109 Ice Street
	٦	0 Min	1+00	(If rural, give LOCATION)
How long in hospital or	INSTITUTION T	O MILIT	7009	2.(a) If veteran, name war None
3. (a) FULL NAME				3. (b) Social Security Number
	MYRTLE	MOORI	E JACKSON -	
4. Sex	5. Color or race	6.(a)Single	married, widewed, or divorced	MEDICAL CERTIFICATION
F	C		M	20. DATE DF DEATH December 15th 19 45 31 10 A
6.(b) Name of husband	Maur	ice A	• Jackson	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
***************************************			e) If alive, give age36 year	19
7. Birth date of deceased (mo., day, y	Tannan		1910	and thef I last saw h
8. AGE: Years	Months	Days	If less than one day	
35	10	23	hrsmin	willy effrace 10 dogs
		1	derick-Marylan	a luci contract
B. Birthplace	(Town,	county, and a	tate)	Que to OCCOUNTY STATE OF THE ST
10. Usual occupation	Domes	tic		
11. industry or business				Due to
	seph Moo	ra		
plu I Z. William			nty Maryland	Other conditions
				(Include pregnancy within 3 months of death)
			name unknown)	Major findings of operations
15. Birthplace	Frederic	k Cour	nty Maryland	Dale of on
18. Informant	aurice A	. Jacl	kson	Antopsy results.
	Tce St.	Frede	erick, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
			4	22. VIOLENCE: It death was due to external causes, fill in the following:
17 Buria	L. or removal. Whiteh?)	Date there	12/18/45 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cremato	To 1 22771			Where did injury occur?
The state of the s				
Location			ryland	Injured at home, farm, industry, public place (where?)
18. Funeral director	M. R. E	tchis	on and Son	Meens of Injury injured at work?
Address	Frederi	ck, Ma	aryland	Russoer Deputy Medical Examiner
1000		CD.	· 1 An le 11 . 0	23. SIGNATURE
19. 18 Dec	19 4 5		gavelle 1. tt lch.	Frederick Maryland 12-18-4

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



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The correct age

PLEASE WRITE PLAINLY, WITH JINFADING INK. Supply every item of information carefully. The c is especially important. Physicians: please write the causes of death elearly and legibly.

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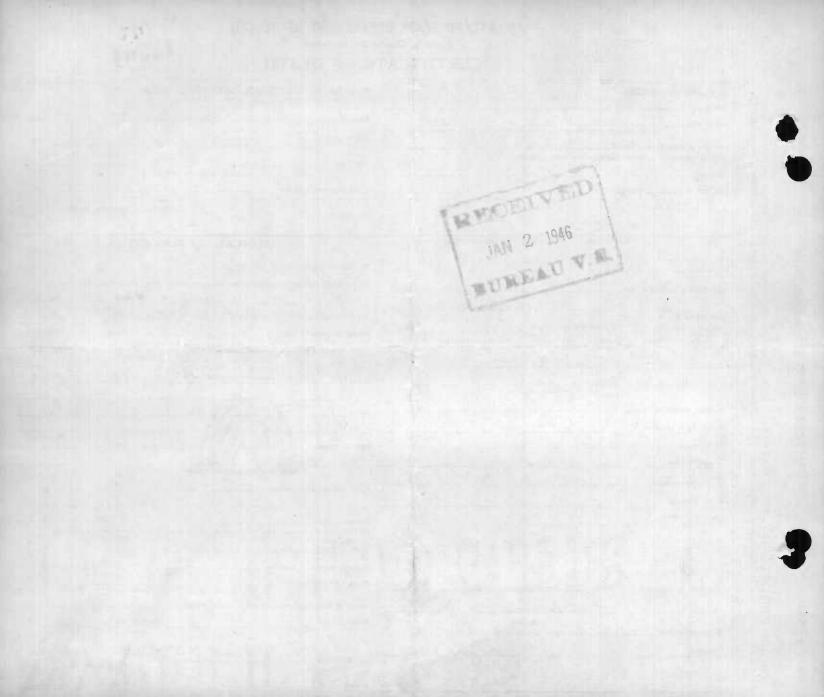
MARGIN RESERVED

2411 N. Charles St., Baltimore



19900

CERTIFICAT	TE OF DEATH Reg. Dist. No. 134
1. PLACE OF DEATH; County City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) State City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Prany Catherine He	(feece). 3. (b) Social Security Number
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced Temale Italia Single	MEDICAL CERTIFICATION 20. DATE OF DEATH December 27. 1945 5, at 6 A:
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 14 hrs. min. 9. Birthplace (Town, county, and state) 10. Usual occupation. 11. Industry or business 12. Name. September 2. Teacher 2. Te	end thet I last saw harmalive on DES 25 19.4.5. Immediate cause of death DURAJION 4 10. Due to Standard Standard 3.4.5. Due to Standard Standard 3.4.5. Other conditions (Include pregnancy within 8 months of death)
14. Malden name Massay & Se Gold	Major findings of operations
(Burial, cremation, or removal Which?) Cemetery or crematory Location 18. Funeral director.	Where did injury occur?
Address Thurmout May Shuff (Date rec'd by registrar) 19. Dec 3 0 19 4 5 Mark Shuff (Date rec'd by registrar)	23. SIGNATURE Morris a - Birely M.D. or other Address Theore out - Md Date signed 2/28/4.



VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legib

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 490

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Gounty	Washington, D.C.
City or item	
How long in above place of death? 3 Yrs.	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: Frederick City Hospital	Street No. 1661 Harvard Terrace, N.W.
How long in hospital or institution? 2½ months	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
CORA KERNGOOD	
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	None MEDICAL CERTIFICATION
Female White Widowed	20. DATE OF DEATH December 11th. 19/15 ,111:30p.m
6.(b) Name of hysband or wife. Lee Kerngood	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
deceased B.(e) It alive, give age years	Oct 5 19.77, 10 Dec 11 18.45
7. Birth date of deceased (mo., day, yr.) 1874. May 16	and that I last saw h alive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
7]hrsmin,	Broncho province 5-days
9. Sirthplace Washington, D. C. (Town, county, and state)	Due to Carecas ma at vasina 17275
1D. Usual occupation Housekeeper	
	Due to
11. Industry or business Don't Know alreaham Herry	
12. name	Uner conditions
	(Include programacy within 8 months of death)
14. Maiden name. Don't Know	Major findings of operations
₩ 15. Birthplace	Date of op.
18. Informant Therese Herman Blatt.	Antopsy results
Address 1661 Harvard Terrace, N.W. Wash.D.C	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	an vincemator it to it was doubt a subsect course fill in the followings
17. Removal Date thereot December 12-45 (month) (day) (year)	
Fort Lincoln Crematory	Where did injury occur?
Locetton Washington, D.C.	Injured at home, tarm, Industry, public place (where?)
18. Funeral director. C.E.Cline and Son	Means of Injury Injured at work?
Address Frederick, Md.	10111
cl. 1 m l. 1. a	23. SIGNATURE M. D. or other
19. 12 Dec (Date ree'd by registrar) 19.45 Elizabeth & Hech. Registrar	Address St 2 and 80 Date signed 12/12/46

All Wallidge Department of VIX or Vixel at

HITCHIS AND ETC-O CHTSHED

DEC 14 1945

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death charmy

PLEASE WRITE VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

15308

	TE OF DEATH Reg. Diat. No
1. PLACE OF DEATH: County. Frederick City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Lifetime Hospital, institution, or street address where death occurred: Emergency Hospital How long in hospital or institution? 2 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Frederick City or tame Frederick (If outside city or town limits, write RURAL and give uearest town) Street No. 310 West Patrick St. (If rural, give LOCATION) 2.(a) If veteran, name war. None
3. (a) FULL NAME ALLEN LEWIS KLINE	3. (b) Social Security Number None
4. Sex 5. Color or race 6.(a) Stagle, married, wildowed, or divorced Male White Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. December 23 19 45, at 1:30P.M
B.(6) Name of bushead or wife. Florence Englebrecht Kline 7. Birth date of deceased (mo., day, yr.) March 1-1862	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.5 to 2.3 18.47. and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION Summification 2 Days.
9. Birthplace Shookstown-Fred'k. Co. Md. (Town, county, and state) 10. Usual occupation. Retired Merchant 11. Industry or business Green goods 12. Name Josiah T. Kline 13. Birthplace Frederick County Maryland	Due to
14. Malden name. Caroline Kehne Shookstown, Md.	(Include pregnancy within 3 months of death) Major findings of operations
18. Informant G. Allen Kline Address Frederick, Md.	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial (Burial, premation, seremoval Whish) Cometery or commetory Location Bate thereof 12-26-1945 (month) (day) (year) Cometery or commetory Frederick- Md. C.E. Cline and Son	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, eulcide, or homicide
Address Frederick, Md. 19. 2. 4-Dec 19. 4. 5" Elizabetts 4. Hecks. (Date rec'd by registrar) Registrar	23. SIGNATURE Hadamence Faloney mo Address Frederick ma deto signed 22244

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 164-0

CERTIFICATE OF DEATH

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4					2
F-00	Par	Dist	No	2	21

1. PLACE OF D		k		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
How long in above pla Hospital, institution,	Rung 1 Nr.	eath occurred	PRVILLE URAL and give nearest town) rs	
3. (a) FULL NA		EARCY	EUTAW	7711120 3. (b) Social Security Number
4. Sex M	5. Color or race	100	o, married, widowed, or divorced ARRIED	MEDICAL CERTIFICATION 20. DATE DE DEATH 20. DATE DE DE DEATH 20. DATE DE DE DEATH 20. DATE DE DEATH 20. DATE DE DE DEATH 20. DATE DE DE DE DEATH 20. DATE DE DE DEATH 20. DATE DE
7. Birth date of	or wite HILD	6.(0) It elive, give age	21. I CERTIFY that deeth occurred on the date above stated; that I attended deceased from
8. AGE: Yes	1, 11.7	Days 7	It less than one day	Immediate cause of death Gun shot would by Russell by custion Bue to a frame of the custion o
tD. Usual occupation	Farmer	line	ntv, Maryland	2
14. Malden nam E 15. Sirthplace 18. Intormant	Mary Mi: Frederick	Klin	nty, Maryland	Major findings et operations. Date ot op.
t7Buri.	2.1 White	Date there	Dec. 6. 19. (month) (day) (year) the Brethern and.	
t9. Funeral director.	ly C Ka	Barto c, mo	l. izalethy Hed	Means of Injury 22 cal refunjured at work? to 23. SIGNATURE Address

DEC 7 1945 BUREAU V 8.

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ARTLAND STATE DEFARIMENT OF HEALT

			CERTIFICA	AIE OF DEATH Reg. Dist. No.
1. PLACE OF DE	EATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (Far newborn infants give residence of muther)
				stateMaryland county Frederick
City or fownEll	mitsburg	n limits, write I	RURAL and give nearest town)	***
				City or town. Emmitsburg (If outside city nr town limits, write RURAL and give nearest town)
Hospilai, Institution, o	r street address who	ere death occurre	d:	Street No.
				(If rural, give LOCATION)
How long In hospital o	or Institution?			2.(a) If veteran, name war
3. (a) FULL NAM	IE .			3. (b) Social Security Number
	Charles	Ross L	anders	None
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION
	***		• 7	100 711 45 11300
M	W	Mar	ried	20. DATE OF DEATH. 1940 31/1940
6.(b) Name of husband 7. Birth dafe of deceased (mo., day,		Shrive er 20, 1	rLandersye o) If alive, give ageye	ars and that I last saw helm alive on Dec Z 3 19/5
8. AGE: Year		Days	If less than one day	Timmediate Lause of death
	2	,	hrs	arterio selevole
87		14		The state of the s
9. Birthplace Thur	mont. Fr	ederick.	County, Md.	Due to Reneral - years
1D. Usual occupation	Retired m	ailcarr	ier	Due 10
11. Industry or busine	ss e			
HameWill	liam Land	pre	4	Diher conditions
12. NameWill 13. Birthplace	Scor			
				(Include pregnancy within 3 munths of death)
里 14. Malden name	Sarah Po	user		Major findings of aperations
14. Malden name	th	nom	ond Wa	Date of op.
	1/			Autupsy results.
16. Informant MI.S.	. Charles	Landers	t A	PHYSICIAN: Pfease underline the cause to which death should be charged statistically.
Address Emm	itsburg.	Md.		22. VIOLENCE: If death was due to external causes, fill in the following:
	0,		December 28.	22. VIOLENCE: IT death was due to external causes, this in the following:
17. Burial, cremation			reof December 28. (munth) (day) (year)	
Cemetery or crema	tory Mit. Vie	w Cemete	ry	Where did injury occur?
LocationEmi	mitsburg,	leiQ.		Means of injury Injured at work?
18. Funeral director.	C O Fu	SE & SOI	}	Means of infact.
	Taneytown			W. A. Calle MX
	*/	*		23. SIDNATURE M, D, or other
19. 2002	7 26 19 4	_5	Regist) envierbotted had pair almost 12.26.45
(Date rec'd hy r	egistrar)		Regist	AUGIESS

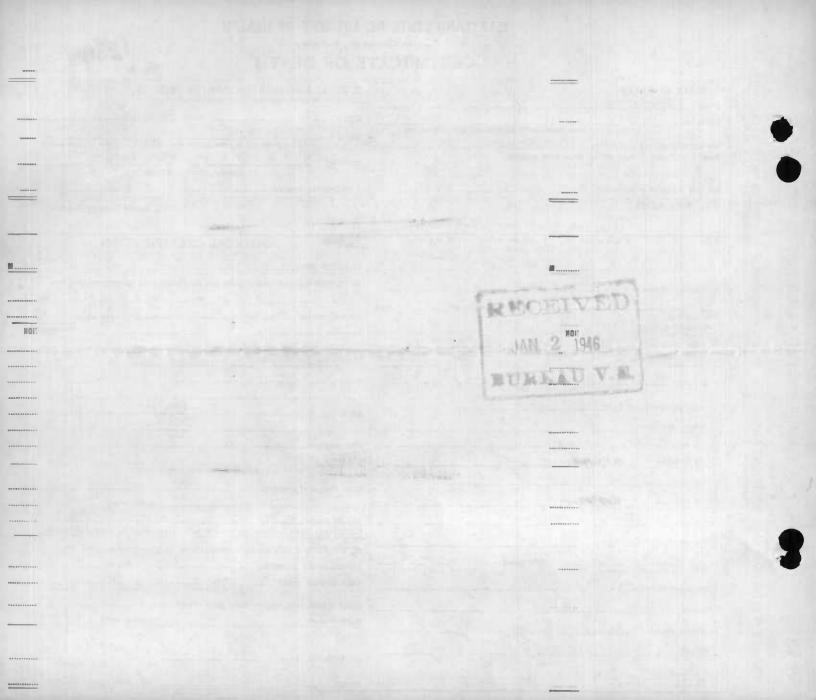
ADING INK. Supply every item of information carefully. The caphysicians: please write the causes of death clearly and legibly.

PLAINLY, WITH UNF. is especially important.

PLEASE WRITE

FOR BINDING

MARGIN RESERVED



2411 N. Charles St., Baltimore

12309

				1,,
CERTI	FICA	TE	OF	DEATH

Reg. Dist. No. 131 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) Maryland Frederick Frederick-Rural R. F. D. #3
(If outside city or town limits, write RURAL and give nearest town) (If ontside city or town timits, write RURAL and give nearest town) Near Yellow Springs (If rural, give LOCATION)

3. (a) FULL	NAME				
		FLORENC	CE REC	ECCA LINTON	
4. Sex	5.	Color or race	6.(a)3ingle	, married, widowed, or divorced	
F		W		M	
- 473 11		John	H. T.	inton	
		The Contract of			
6.(U) Name of	husband or_m	in the same of the			wa.a
*************		March	6.(c) It alive, give age7.7	уеа
7. Birth date of deceased (m			14, 1) It alive, give age7.7	уеа
7. Birth date of deceased (m	o., day, yr.)	March	14, 1) It alive, give age	yea
7. Birth date of deceased (m	o., day, yr.) Years	March Months 9	0.(c) 14, 1) It alive, give age	
7. Birth date of deceased (m	vears 80	March Months 9 erick 0	Days 14 County county, and a) It alive, give age	

and that I last saw h. C. K alive on IRC 27th 3 renclis -(Include pregnancy within 3 months of death) Major findings of operations.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: it death was due to external causes, filt in the tollowing:

(City or town)

Injured at home, farm, Industry, public place (where?)

Accident, suicide, or homicide.....

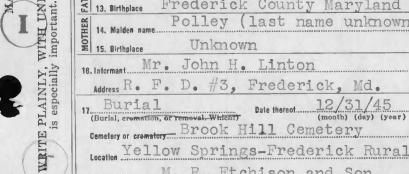
MEDICAL CERTIFICATION

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

3. (b) Social Security Number

None

December 28, 19 45 7:25A



Unknown

18. Funeral director. M. R. Etchison and Son

Where did injury occur?

Mesns of Injury

Address Frederick, Maryland Date signed 12-29-45

14. Malden na 15. Birthplace

Frederick, Maryland

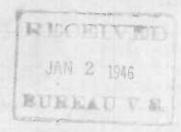
Polley (last name unknown

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correct age

1. PLACE OF DEATH: County Frederick

Mospital, Institution, or street address where death occurred:



2411 N. Charles St., Baltimore 940)

CERTIFICATE OF DEATH

123131 leg. Dist. No.

678C

1. PLACE OF DEATH: County, Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Frederick-Rupel R F D #1	State Maryland County		
(If outside etty or town limits, write RURAL and give nearest town)	D-7-1-1		
How long in above place of death?	City or town Dalt Limof e		
I. O. O. F. Home	Street No. 1211 Union Avenue. (If rural, give LOCATION)		
How long in hospital or institution? 6 Years	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
ALICE VIRGINIA LOWMAN	None		
4. Sex 5. Color or race 6.(a) Single, marries, widowed, or diversed	MEDICAL CERTIFICATION		
F W W	20. Date of Death December 19, 1945 210:05Pm		
8.(b) Name of husband or Benjamin F. Lowman	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from		
7. Birth date of Tan Tar 17 7 7 5 7 7	Dec 10 219.41 10 Dec 19 19.40		
7. Birth date of deceased (mo., day, yr.) July 7, 1853			
8. AGE: Years Months Days If less than one day	Immediate cause of death		
92 5 12hrsmi	n.		
s. Birthplace York-York-Penna.	Due to		
(Town, county, and state)			
1D. Usual occupation	Dus to		
11. Industry or business			
12. Name Alexander Ziegler 13. Birthplace Shrewsberry, Penna.	Dither conditions Under the scheropic 10 years		
	(Include pregnancy within 3 months of death)		
14. Malden name Caroline Belt 15. Birthplace Hampstead, Maryland	Major findings of operations.		
	Date of op.		
16. Informant I. O. O. F. Home Records	Antopsy results		
Address Frederick, Maryland	PHYSICIAN: Please anderline the cause to which death should be charged statistically.		
Burial (Burial, cramation, or removal, Which?) Burial (Burial, cramation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or erematory Druid Ridge Cemetery	Where did injury occur?		
Location Pikesville, Maryland	Injured at home, farm, Industry, public place (where?)		
18. Funeral director. M. R. Etchison and Son	Means of Injury Injured at work?		
Address Frederick, Maryland	John gn 1		
20 Dec 11- 66. 1 40 6 11 . 16	23. SIGNATURE M. D. or other		
19. A DIC 19 19 19 CO COLOR T. TECH	Unadanial- W		

VS A15

PLEASE WRITE PLAINLY, WITH UNF.

The correct age

ADING INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legibl

MARGIN RESERVED FOR BINDING

DEC 26 1945
BULLAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and Tegibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3/2)

CERTIFICATE OF DEATH

Reg. Diat. No. 3

1. PLACE OF DEATH: I To down h	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County	(For newborn infants give residence of mother)		
City or tame (If outside city or town limits, write RURAL and give nearest town)	State County County		
How long in above place of death? Lifetime	(If outside city or town limits, write RURAL and give nearest town)		
Moenital, Institution, or street address where death occurred:	31/ Ran bewell Tetrase		
301 Rockwell Terrace	Street No. (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	2 /h\ C:-1 C: N		
	ne Cardell 215-14-2741		
4. Sex 5. Color or race 8.(a)Single, married, widowed, or proceed	MEDICAL CERTIFICATION		
m It married	2D. DATE DF DEATH Mecember 9 10 45, 21 2:30 A. M		
6.(6) Name of Susberry or wife Eleanor M. Clingan	21. LESTIFY that death occurred on the date above stated; that Lattended deceased from		
	19 KG 10 OPE 9 19 KN		
7. Birth date of	and that I last saw helder allve on Down 3 18 4 5		
deceased (mo., day, yr.) March 12 - 1873 8. AGE: Years Months Days If less than one day	Immediate cause of death		
4 4 4			
9. Birthplace Frederick County - Ind.	Due to accuroma IND (att		
10. Usual occupation. Banker			
11. Industry or business	Due to		
	Other conditions		
	(Include pregnancy within 8 mouths of death)		
14. Maiden name alfordtta Stonebraker 15. Birthpiace Washington Ca. Ind.	Major findings of operations.		
15. Birthplace Washington Ca. Md.	Date of on		
18. Informant mus, a, Le Pay me Carsell			
Address 301 Rochwell Terrace - Fredik - Ind	Autopsy results		
	22. VIOLENCE: If death was due to external causes, fill in the following;		
Burial Bate thereof 2-1/-45 (Burial, crimation or removal, Whitehil) (Burial, crimation of removal, Whitehil)	Accident, suicide, or homicide		
nt. Olivet Cemeter	Where did injury occur?		
4 no de in la De d			
Location & lastruck - ma.	Injured at home, farm, Industry, public place (where?)		
18. Funeral director. C. E. Cline and Son	Means of Injury /Injured at work?		
Address Frederick ml	SA Stimus		
10 10 a 11 1	23. SIGNATURE M. D. or other		
19. (Date rec'd by registrar) Registrar	to do sel led Deavi		
(Pass see a my registrar) Registrar	Address Date signed		

THE REAL PROPERTY OF STATE OF

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DEC 12 1945

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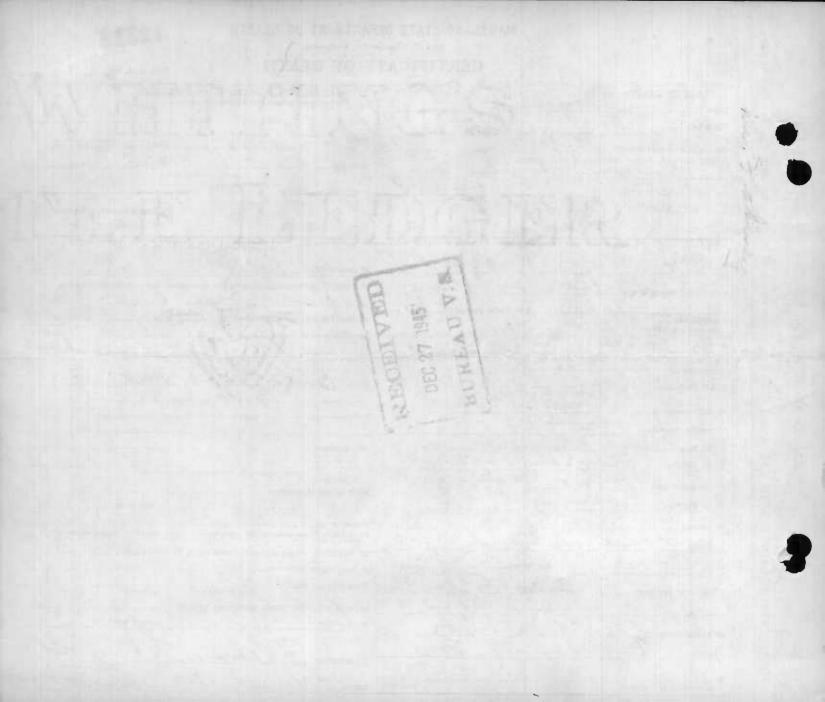
2. USUAL R	ESIDENCE (H	OME) 0	F DECEASE	D:	
(For newl	oorn infants give	residence of	mother)	71.11	
State //	aryan	al Cou	inty	1/400	el /1
	1) -	The	loser	/	
City or town	(If outside city	or town limite	, write RUR	AL and give near	rest town)
	431 4	1/201	Dad	H.	
Sireet No	(hort h	If rural, give	LOCATION)	F. F. W	
	name war.	me			

MEDICAL CERTIFICATION that death occurred on the date above stated; that I attended deceased from DURATION

(Include pregnancy within 8 months of death) PHYSICIAN: Please auderline the cause to which death should be charged statistically.

(County)

Injured at home, farm, Industry, public place (where?) Injured at work?



12313

2411 N. Charles St., Baltimore 4720 CERTIFICATE OF DEATH

			CERTIFICA	Reg. Dist. No.		
1. PLACE OF DEATH: County Frederick Frederick-Burel				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Frederick		
Frederick-Rural (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:				City or seem. (If outside city or town limits, write RURAL and give nearest town)		
	ncy Hosp			Street No. 817 North Market Street (If rural, give LOCATION) 2.(a) It veteran, name war. None		
3. (a) FULL NAM		JOHN	MEISLING, JR.	3. (b) Social Security Number 577-18-3588		
4, Sex	5. Color or race	6.(a)Single	married, widowed, or divorced	MEDICAL CERTIFICATION		
M	W		W	20. DATE OF DEATH December 3rd, 19 45, at 5:45		
8.(b) Name of husban	droc wife	Lola B	ell	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7. Birth date of deceased (mo., day	Dogowi		thalive, give ageyears	and thet I last saw h		
8. AGE: Yea	rs Months	Days	If less than one day	Immediate cause of death		
6	1 11	18	hrsmin.	Carinoma of Junga 2 gr		
9. Birthplace	lumbia, (Town Brick	Pa. county, and s Mason	tate)	Due to F Metastans		
11. Industry or busine				Due to		
	drew J. 1 Baltimo			Diher conditions Cy Raustian		
H 14. Maiden name	Irel oseph A.	eth Le		(Include pregnancy within 3 months of death) Major findings of operations.		
15. Birthplace	Irel	and		Date of on		
16. Informant	oseph A.	Meisl	ing	Antopsy results.		
Address 817	N. Mark	et St.	, Frederick, Md			
Danie			12/6/45 (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide		
Cemetery or crema	Mount	Olivet	Cemetery	Where did injury occur? (City or town) (County) (State)		
Location	Freder	ick, M	aryland	Injured at home, farm, Industry, public place (where?)		
18 Support Alexander	M. R.	Etchis	on and Son	Means of injury tnjured at work?		
	Freder			-M.f. 4 1		
20	19.4.5. egistrar)	Cl	isolette G. Hech	23. SIGNATURE Frederick, Maryland Date signed 12/4/4		

UNFADING TNK. Supply every item of information carefully, The correct age tant. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNF is especially important.

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2411 N. Charlee St., Baltimore

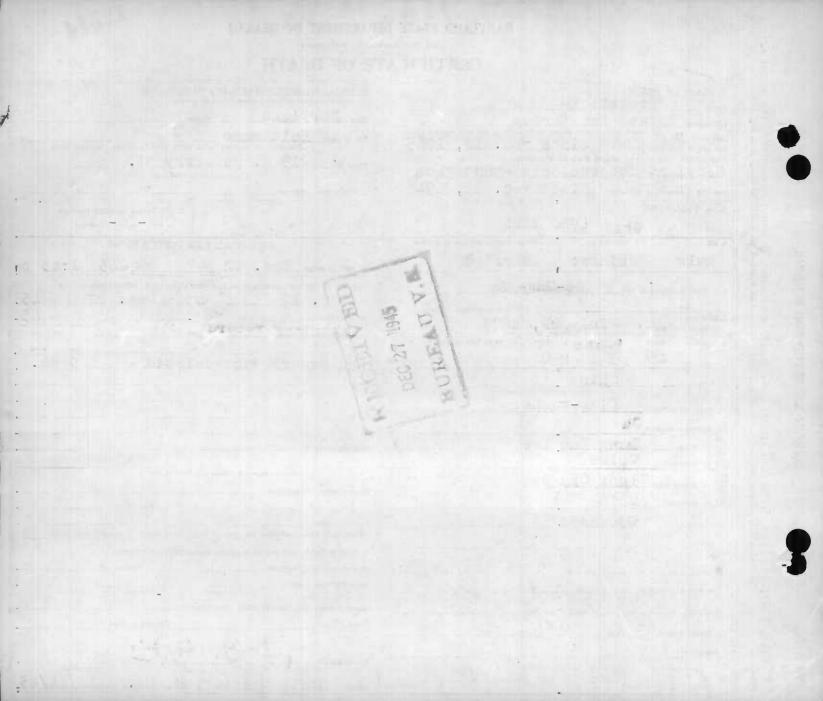
CERTIFICATE OF DEATH

Reg. Diat. No. 139

					Reg. Dist. No	******************
1. PLACE OF I				2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	DECEASED:	
County Frederick City or town State Sana torium (If outside city or town limits, write RURAL and give nearest town)				State Maryland County		
How long in above place Hospital, Institution, Marylan	ace of death? Si or street address where d Tubercu	nce L death occurr losis	ec. 12, 1945			
3. (a) FULL NA		NG MI	ING		3. (b) Social Security 214-26-41	Number .22
4. Sex	5. Color or race	6.(a)Sin	gle, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Male	Chinese	N	larried	20. DATE OF DEATH Dec. 22		.1:45 p
P (b) Name of hucha	nd or wite	-Ong	-She	21. I CERTIFY that death occurred on the date above	e stated; that I attended dece	ased trom
			(c) It alive, give age 45 years	Dec. 12 194	5 Dec. 22	194.5
T. Birth date of deceased (mo., da	T., 1.	22,		and that I last saw himalive one.C		194.5
	ars Months	Days	It less than one day	Immediate cause of death	***************************************	DURATION
4	6 5	0	hrsmin.	Pulmonary Tubercu	3 3 -	9 mo.
9. Birthplace 1D. Usual occupation 11. Industry or busin 12. Name 13. Birthplace	ness T	washe	state)	Due to		
	Lung Ch	n Se		(Include pregnancy within 3 m	onths of death)	1
TO	China			Major findiogs of operations		
≥ 15. Birthplace		-			Date ot op	
16. Informant	Decease	d		Actopsy results		statistically.
1I. Junial, cremati	on, or removal, Which?	Date the	reof (day) (yehr)	22. VIOLENCE: It death was due to external caus Accident, suicide, or homicide	Date of	
Cemetery or crem	Badtil	mare	e Cem.	Where did injury occur?(City or town) Injured at home, farm, industry, public place (whe		
	MA	reas	(In)	Means of Injury	injured at work?	
18. Funeral director.	7	Y	11/2 11.0	0.4	11	
Address	Mun	wy	I My	23. SIGHATURE.	m	
19 14 22	19 45		Wille		М. D.	
(Date rec'd by	registror)	··· · · · · · · · · · · · · · · · · ·	Registrar	State Sanatori	um . Mdnu stand	2/24/4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13(6)

CERTIFICATE OF DEATH

og. Dist. No. 134

1. PLACE OF DEATH: Prederick County County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland county Frederick Co. City or lown. Enmitsburg. (If outside city or town limits, write RURAL and give nearest town) Streel No. (If rural, give LOCATION) 2.(a) If veteran, name war.		
Mary Moran (Sister Mary Joseph)	3. (b) Social Security Number		
4. See 5. Color or rece 6.(a) Single, married, wildowed, or divorced	None		
Female White Sister of Charity	MEDICAL CERTIFICATION 20. DATE OF DEATH & C 28 19.45 als 35-1-		
6.(b) Name of husband or wife	21. I CERTYFY that death occurred on the date above stated; that I attended deceased from 19.4.4.1.10		
8. AGE: Years Months Days If less than one day	Immediato canse ol death		
91 1 9hrsmin.	***************************************		
9. Birthplace	Due to. Due to.		
13. Birthplace Co. Kerry, Ireland	Dther coeditions		
14. Malden name Katherine Cavanagh 15. Birthplace Co. Kerry, Ireland	(Include pregnancy within 3 months of death) Major findings of operations		
16. Informant Sister Rosa, Assistant	Antopsy results		
Address Emmitsburg, Maryland Burial Burial (Burial, cremation, or removal, Which?) Cemetery or crematory St. Joseph's (Private) Emmitsburg, Md 18. Funeral director	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
Address Emmalipung Md. 18. Dec 29 1945 Mof Shaff (Dato rec'd by registrar)	23. SIGNATUR Morris a. Berely M.D. or other Address. Thurmout - Msd Bate signed 2/29/43		



correct age

ADING INK. Supply every item of information carefully. The c Physicians: please write the causes of death clearly and legibly. RGIN RESERVED FOR BINDING WRITE PLAINLY, WITH UNF is especially important.

PLEASE

VS.A15

		10	CERTIFICA	ATE OF DEATH Reg.	Diat. No. 131	
1. PLACE OF DEATH: Frederick County Frederick City or Man (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland County Frederick State or town I jamsville (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)		
			<u></u>			
How long in hospital or institution? 10 Hours				2.(a) If veteran, name war. None		
3. (a) FULL NAM	HOBSOI	N SCHL	EY MUSSETTER,		cial Security Number	
4. Sex	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CERTIFICA	ATION	
M	W	S		2D, DATE OF DEATH DEC 2 9	19 X.S al 1/9	
	Morr		e) If alive, give ageye:	and that I last saw h	De 2 8 1945 8 1945	
8. AGE: Year	rs Months 7	Days 15	if less than one dayhrs	Immediate cause of death ufection.	DUNATUR	
10. Usuat occupation	In:	fant	rick-Maryland	Due to	1200	
12. Name	obson S. Frederic	Musse k Coun	tter ty Maryland	Other conditions		
14. Malden name			ury ty Maryland	(Include pregnancy within 3 months of deat	(h)	
16. Informant	Hobson S Ijamsvil	. Muss	etter	Autopsy results	uld be charged statistically.	
17. Buria. (Burial, committee) Cemetery or cremate	Mount	Olive	t Cemetery	22. VIOLENCE: If death was due to external causes, fill in the Accident, suicide, or homicide	Date of	
Location	Freder	rick,	Maryland	injured al home, farm, industry, public place (where?)		
1B. Funeral director	M. R.	Etchi	son and Son	Means of injury Injury	ed al work?	
Address		rick,	Maryland	23. SIGNATURE SA Thomas	Ma Da	
19. 31-We	egistrar) 19 4 3	- 24	nalelle 9 ttech	ar Address Jehanne Clark	M. D. or other Date signed ARA 2 X	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

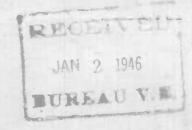
CERTIFICATE OF DEATH

Reg. Dist. No.

I. PLACE OF DEATH: County Frederick City or task (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 1 year Hospital, institution, or street address where death occurred: Crutchley Nursing Home How long in hospital or institution? 1 year					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State Maryland County Frederick City or town Frederick - Rural (tf outside city or town limits, write RURAL and give nearest towo) Street No. Near Frederick (If rural, give LOCATION) None 2.(a) If veteran, name war. None		
3. (a) FULL						al Security Number	
		MARY IS	SABEL	MYERS	Non		
4. Sex	5.	Color or race	6.(a)Single	, married, widewed, or diverced	MEDICAL CERTIFICA		
F		W	5		20. DATE OF DEATH. December 25,	1945 at 8 P	
6.(b) Name of husband or wife					21. I CERTIFY that death occurred on the dale above stated; that I Dec. 1. 1945, to and that I last saw h. her alive on 12/25/45	attended deceased from 12/25/19.4.5	
8. AGE:	Years 81	Months 2	Days 9	If less than one dayhrsmin.	Immediate cause of death	l yr.	
9. Birthplace Frederick County Maryland (Town, county, and state) None					Due to Acute dilatation of the heart	e 5 days	
	Geo			ty Marvland	Other conditions (Include pregnancy within 3 months of death) Major fiadings of operations. Date of op. Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.		
H 14. Maide	n name	Ann Tho	omas	tv Marvland			
18. Informant.	Mrs	. C. E.	. V. M	A			
Burial (Burial, cremetion, of removal, Whiteh?) Cemetery or cremetory Mount Olivet Cemetery Frederick, Maryland					22. VIOLENCE: tf death was due to external causes, fill in the following; Accident, suicide, or homicide		
18. Funeral di Address	rector	M. R. F Frederi	Etchis ick, M	on and Son aryland haluth J. Hach.	Means of Injury Injured 23. SIGNATURE TO MEAN A STREET TO STREET	at work?	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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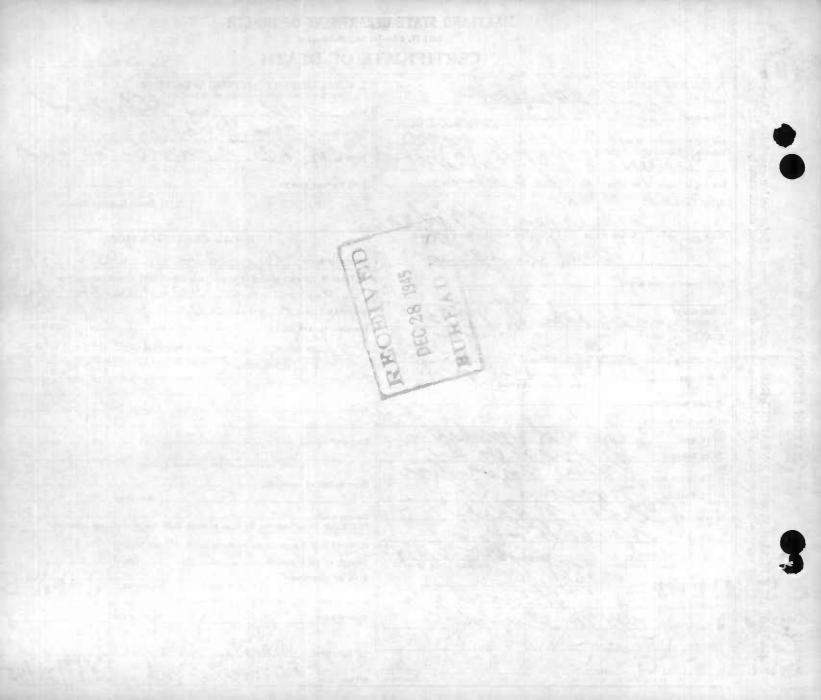
MARYLAND STATE DEPARTMENT OF HEALTH

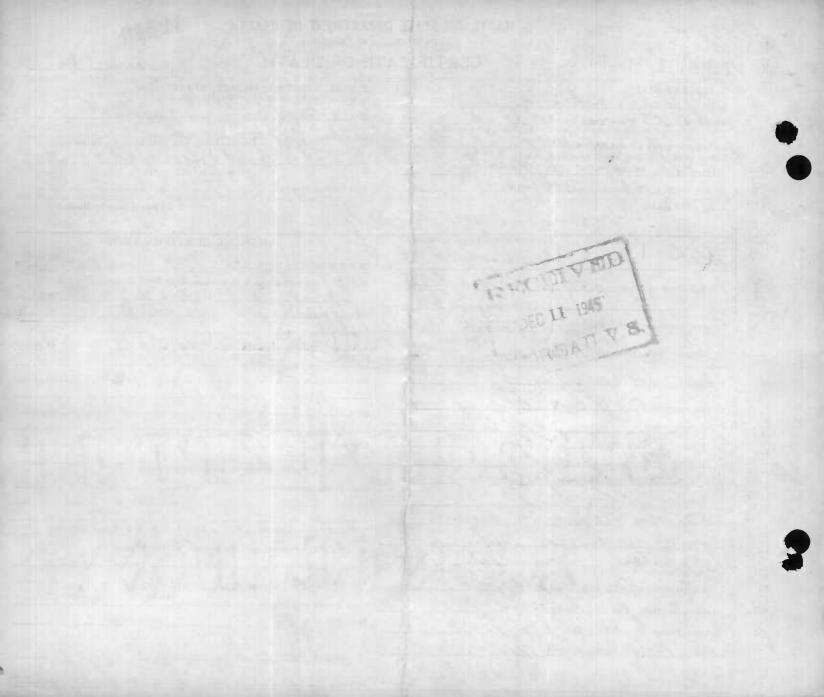
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 1 13 1

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) If veteran, namo war
3. (a) FULL NAME 4. Sex 5. Color or page 16. (a) Single, married, widowed, or fivorced	3. (b) Social Security Number
4. Sex Color or recr 6.(a) Single, married, widowed, confronced	MEDICAL CERTIFICATION 20. DATE OF DEATH
8.(b) Name of husband or wife	21. t CERTIFY that death occurred on the date above stated; that I attended deceased from
7. 9 Irth date of deceased (mo., day, yr.) March 6. 1935	and that I last saw h.M. alive on
8. AGE: Years Months Days II fess than one day 20	temmediate cause of death DURATION Due to
1D. Usual occupation	Due to.
11. Industry or business 12. Name	Diher conditions
16. Informati His Japan	Autopsy results
(Burial, cremator, Cemetery or cemeter o	22. VIOLENCE: tf death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Daisy Howard en	Injured at home, farm, industry, public place (where?)
19. Funeral director Dr. M. Saulder	Meaos of Injury Injured at work?
Address Mt. am - Warntann	000000
19. 27 Dec 19. 45 - Elizabeth y Heck-	23. SIGNATURE M. B. or other M. B. or other 12/36/45





MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	Action States and Action State		
1. PLACE OF DEATH: Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
VVIII)	State Maryland County Anne Arundel		
City or town State Sana to rium, Mary land (If outside city or town limits, write RURAL and give nearest town)	Pasadena		
How long in above place of death? Since 12/17/45	(If outside city or town limits, write RURAL and give necreet town)		
Hospital, Institution, or street address where death occurred:	Street No.		
Maryland Tuberculosis Sanatorium	(lfrnrai, give LOCATION)		
Now long in hospital or institution? Since 12/17/45	2.(a) If veteran, name war		
3. (a) FULL NAME Edwin A. Oberheim	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	20, DATE DE DEATH December 21 19.45 at 3:30Am		
B.(b) Name of persons wife. Nellie Oberheim	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
B.(0) Name of 15 20 51 Wile	Hecember 17 45 Dec. 21 45		
7. Birth date of 2/23/1 COC	and that I last saw h im alive on December 21 19 45		
deceased (mo., day, yr.) 2/23/1090	Immediate cause of death		
8. AGE: Years Months Days If less than one day	Pulmonary Tuberculosis 4 Mos.		
47 9 28hrsmin.			
9. Birthplace Baltimore, Md.	Due to		
9. Birthplace Baltimore, Mid. (Town, county, and state) Merchant			
10. Usual occupation	Due to.		
11. Industry or business			
12. Name August Oberheim 13. Birthplace Baltimore, Md.	Other conditions		
13. Birthplace Baltimore, Md.	The same of the sa		
14. Maiden name Mary Doenges	(Include pregnancy within 8 months of death)		
5 15 Ridbless Bol ti more Md.	Major findings ul operationa		
14. Maiden name Mary Doenges 15. Birthplace Baltimore, Md. Deceased			
16. Informant	Antopsy results		
Address	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removal Which?) Date thereof Date . A 44, 19465			
cemetery or crematory It o mallawn cometery	Where did injury occur?		
Location / Saltimore, Ind	Injured at home, farm, industry, public place (where?)		
18. Funeral director M. L. Creager & Son	Meane of injury Injured at work?		
Address Thurmont, Maryland	J. B. Suna		
Alexal love / WAR	23. SIGNATURE M. D. ZODA		
19. (Date rec'd by registrar) Registrar	Address State Sanatorium, Md. Bate signed 12/21/45		

DEC 26 1945
BURLAU V R...

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PLEASE WRITE

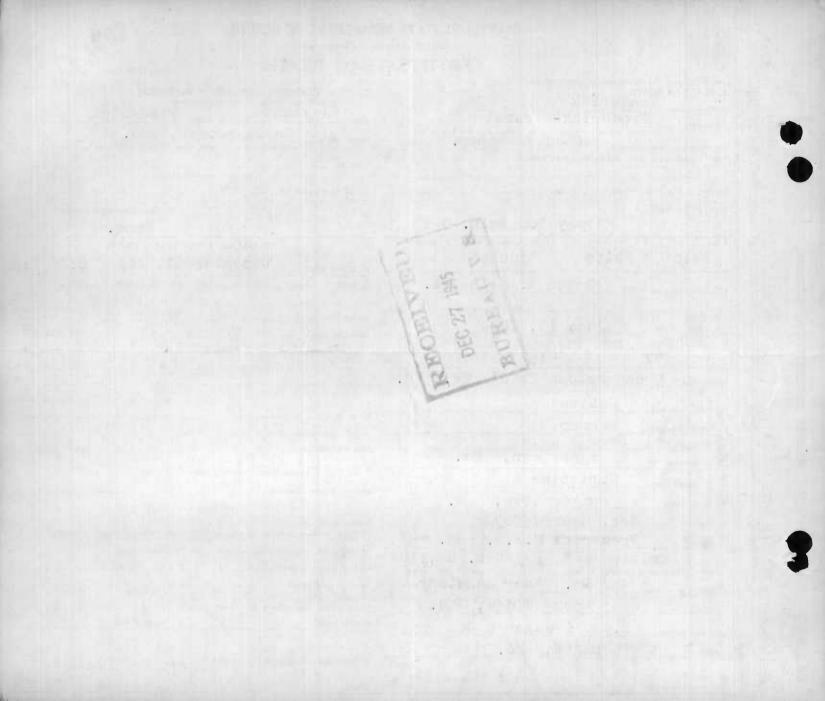
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 834

CERTIFICATE OF DEATH

Reg. Dist. No. / 3 /

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland State Creagerstown, Md. (If outside city or town limits, write RURAL and give nesrest town) Street No. (If rural, give LOCATION)			
How long in hospital or institution?				
3.(a) FULL NAME Harvey Benjamin. Ogle	3. (b) Social Security Number			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH December 21, 1945 8:30 P:M			
6.(b) Name of his bond or wife Grace E. Keiholtz. 7. Birth date of deceased (mo., day, yr.) June 11, 1874	21. I CERTIFY that death occurred on the date above stated: that I askended deceased from 19. 4. 5. 19. 4			
8. AGE: Years Months Days If less than one day 7 I 6 10	Immediate come uf death DURATION DURATION DURATION DURATION DURATION			
9. Birthplace Creagerstown Fred'k Co., Md. (Town, county, and state) Retired 10. Usual occupation Farmer 11. Industry or business Farmer 12. Name George Ogle	Oue to			
13. Birthplace Creagerstown, Md.	Other conditions			
14. Malden name Christine 15. Birthplace Creagers town, Md.	Major findings of operations			
16. Informant Mrs. George Boyer Address Frederick R.F.D. Md.	Autopsy results			
Burial (Burial, committee, or removal Whish?) Cemetery or committee Mt. Tabor Cemetery	22. VIOLENCE: If death was due to external causes, till in the following; Accident, suicide, or homicide			
Location Rocky Ridge, Md.	Injured at home, farm, Industry, public place (where?)			
18. Funeral director M. L. Creager & Son Address Thurmont, Md. 19. Dec. 24 (Date rec'd by registrar) (Date rec'd by registrar)	23. SIGNATURE Address Recurrent Md. Date signed 12/2 2/45			



PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. WRITE

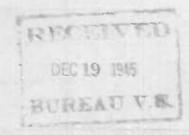
MARGIN RESERVED FOR BINDING

PLEASE

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Frederick					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
Cily or fown Buckeystown - Rural (If outside city or town limits, write RURAL and give nearest town)				cal	State Maryland County Frederick			
	(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?				city or town Buckeystow:	n - Rural	neapost town)	
Hospital, Institu	tion, or str	eet address where	death occurred	•	Near Buck			
N	ear	Buckeys	town		. (If rural	give LOCATION)	***********	
How long in ho	spital or ins	stitution?		••••••	2.(a) If veteran, name war. None		***************************************	
3. (a) FULL	NAME				3. (b) Social Security Number			
		MCCOMAS	ORME			None		
4. Sex	5	. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL	L CERTIFICATION		
M		W	S		000	212) v	5 at 7 M	
					20. DATE OF DEATH			
6.(b) Name of h	usband or	wife						
7. Birth date of) If alive, give ageyea	and that I last saw h im Diversity		1. 4.45	
deceased (mo	., day, yr.)	Unkno	wn 18	80	Immediate cause of death		DURATION	
8. AGE:	Years	Months	Days	tf less than one day	Corone	, seclum	les: 1	
	65?			hrsml	1.		de	
9. Birthplace	Nr.	Buckeys	town-I	Prederick-Md.	Due to		000000000000000000000000000000000000000	
			county, and s			***************************************		
fO. Usuat occu	pation	- armor	***************		Due fo	***************************************		
1f. Industry or-		7.			_		******	
f2. Name	WIL	liam Or	me		Dther conditions			
≤ f3. Birthpla	ce F.L.	ederick	Count	ty Maryland	(Include pregnancy with	3 0 Al- 0 2 Al-		
当 14. Maiden	name	Hannah	Dixon	y Maryland ing				
W f5. Birthole	ce Fr	ederick	Count	y Maryland	Major findings of operations			
40.14	Mrs	. Ella	Siedli	ing				
18. Informant	Cla	rk Plac	e. Fre	ederick, Md.	PHYSICIAN: Please nuderline the cause			
T)		* 11 * 1.000			22. VIOLENCE: If death was due to extern	al causes, fill in the following;		
Bur Bur	motion or	removal. Which?)	(month) (day) (year)	Accident, suicide, or homicide		***********************	
Compterver	eramator»	Mount	Olivet	Cemetery	Where did injury occur?(City or to			
				Maryland	Injured at home, farm, industry, public place			
		Mr D			Means of Injury	tajured af work?		
1B. Funeral dire	ector			son and Son		Dans	aty Medica	
Address		Freder	ick, l	Maryland	W.111.	Baer Ever	ninen	
191	200	. 1, 1	9,0	Off duch	23. SIGNATURE	Baer Exam	D. or other	
(Date rec'	i hy regist	rar) 19 4 5		Registra	Address Frederick, Ma	aryland Date signe	12-12-4	



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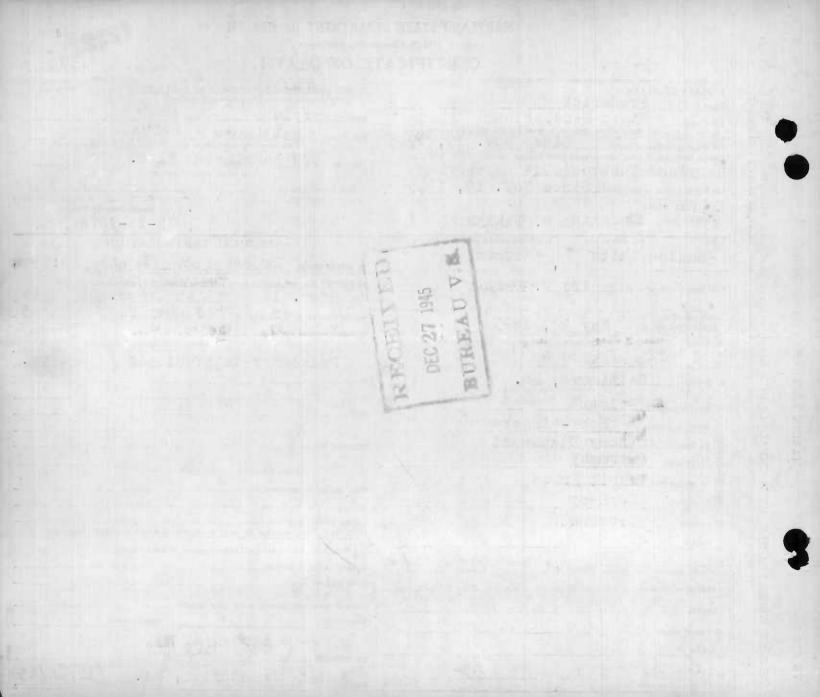
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dist. No. 139

1. PLACE OF DEATH: Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
	State Maryland County		
City or town. State Sanatorium (If outside city or town limits, write RURAL and give nearest town)	77 - 7 - 48		
How long in above place of death? Since Nov. 19, 194	(If outside city or town limits, write RURAL and give nearest town)		
Hospilal, Institution, or street address where death occurred: Maryland Tuberculosis Sanatorium	Street No. 679 Washington Blvd.		
How long in hospital or institution? Since Nov. 19, 1945	(If rural, give LOCATION)		
	2.(a) If veteran, name war		
3.(a) FULL NAME ANNA B. PARKER	3. (b) Social Security Number 215-18-7678		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Widowed	20. DATE DF DEATH December 24 1945 st 5:05am		
T D D when	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from		
S.(b) Name of husband or wife Ira P. Parker	Nov. 19 19 45 to Dec. 24 19 45		
7. Birth date of	and that I last saw h. er alive on December 24 19.45		
deceased (mo., day, yr.) May 20, 1893	Immediate cause of death.		
8. AGE: Years Months Days If less than one day	Immediate cause of death		
52 7 4hrs.	Pulmonary Tuberculosis l yr.		
Baltimore, Md.			
9. Birihpiace	Just (V.		
10. Ususi occupation. Folder	Due to.		
1t. Industry or business Book-bindery	556 (7		
Anthony Dukeheart			
12. Name Anthony Dukeheart Germany			
	(Include pregnancy within 3 months of death)		
	Major findings of operations		
	Dale of op		
16. Informant Deceased	Antepsy results.		
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17 Devene Dec 29194	22. VIOLENCE: If desth was due to external causes, titl in the following;		
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory.	Where did injury occur?		
Location Galtimore Mit.	Injured at home, farm, Industry, public place (where?)		
h & Cream (AM)	Massas of injury tajured at work?		
18. Funeral director	. Oh /		
Address, Municy,	23. SIGNATURE O. W. OVACA		
19. De LL 19 OT / DE	M. D. oct 12/21/15		
(Date rec'd by registrar) Regist	trar Address State Salla GOT Luin, But Date signed		



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 160-0

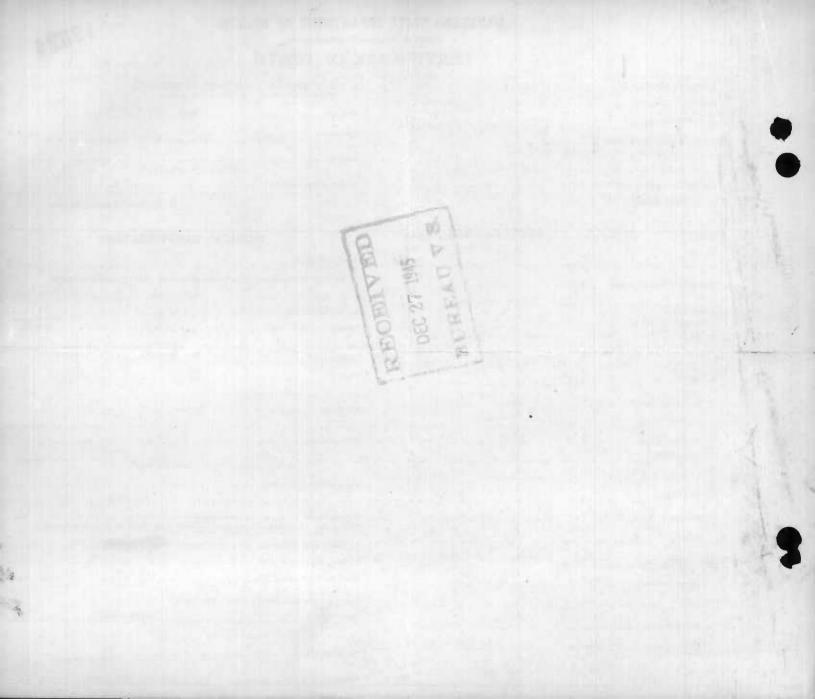
The correct age

CERTIFICATE OF DEATH

/\	Ave. Dist. No				
1. PLACE OF DEATH: County City or term (If outside city or town limits, write EURAL and give nearest to How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County Chy or town (if outside city or town limits, write RURAL and give nearest town)				
How long in above place of death. Hosaltal, institution, or street address where death occurred: How long in hospital or institution?	Street No				
3. (a) FULL NAME	3. (b) Social Security Number				

How long in above place of death?	(If outside city or town limits, write RURAL and give nearest cown) Street No. (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	Parrish 3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. 20. DATE OF DEATH. 20. DATE OF DEATH. 20. DATE OF DEATH.		
6.(b) Name of husband or wife 6.(c) If alive, give age years 7. Birth dale of deceased (mo., day, yr.) December 22 -1945	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.4.5., to 2.2.19.4.5. and that I last saw h		
8. AGE: Years Months Days If less than one day O O hrs. 20 min. 9. Birthpiace (Town, county, and atake)	Que to cors obstruction		
10. Usual occupation. 11. todustry or business 12. Name. Albert P. Parrich 13. Birthpiace Phila. Pa	Due to		
14. Maiden name Bot on Drueth 15. Birthplace Carroll Co. M. d. 16. Informant Albert C Parroll Address	(Include pregnancy within 3 months of death) Major findings of operations		
17. Date thereof Dec 23-/543 (Buriai, cremution or removal Which:) (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		





2411 N. Charles St., Baltimore (157) CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) information carefully, of death clearly and How long in above place of death?..... Hospital, Institution, or street address where death occurred Schwaussen (If rural, give LOCATION) How long in hospital or institution 3. (a) FULL NAME 4. Sex tem of BINDING 20. DATE OF DEATH. 21. I CERTIFY that death otherzed on the date above stated: that I attended deceased from 8.(b) Name of husband or wife..... .6.(c) It alive, give age MARGIN RESERVED FOR 7. Birth date of deceased (mo., day, yr.) ADING INK. Supply Physicians: please wr 8. AGE: If tess than one day 9. Birthplace. (Town, county, and state) 10. Usual occupation 11. Industry or business 12. Hame.... important. 13. Birthplace (Include pregnancy within 8 months of death) 14. Malden name. Major fiedings of operations..... 2 15. Birthplace PLAINLY, vis especially 16. Informant PHYSICIAN: Please noderline the cause to which death should be charged statistically.

(month) (day) (year)

emana Mentin-

Means of Injury

WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

(If outside city or town limits, write RURAL and give nearest town) 3. (b) Social Security Number MEDICAL CERTIFICATION **OURATION** 22. VIOLENCE: If death was due to exfernal causes, fill in the following; Accident, sutctde, or homicide..... Where did injury occur?(City or town) (County) Injured at home, tarm, industry, public ptace (where?) Injured at work?

RECOMMEN DEC 12 1915 RUHLATTE

Reg. Dist. No. (If outside city or town limits, write RURAL and give nearest town) (If rural, give LOCATION) 3. (b) Social Security Number MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from DURATION (Incinde pregnancy within 8 months of death) PHYSICIAN: Please underline the cause to which death should be charged statistically.

Injured et home, farm, industry, public place (where?)

tnjured at work?

Date signed.

(Date rec'd by registrar)

BT 0 30 40 THE SAME STATE COLUMNA.

DEC 12 1945
BUREAU V.S.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13.

CERTIFICATE OF DEATH

Reg. Dist. No. 139

1. PLACE OF DEATH: Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town State Sanatorium Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Since 9/20/45 Hospital, Institution, or street address where death occurred: Maryland Tuberculosis Sanatorium How tong in hospital or institution? Since 9/20/45	State Maryland County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 1603 N. Monroe St. (If rural, give LOCATION)		
3.(a) FULL NAME Peter Poulsen	3. (b) Social Security Number None		
4. Sex Male 5. Color or race 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20, DATE OF DEATH December 12 19.45 21.10 P.		
8.(b) Name of North Acts r wife Emma Poulsen 6.(c) If alive, give age 7.8 years 7. Birth date of deceased (mo., day, yr.) 12/27/1868	21. I CERTIFY that death occurred on the date shove stated; that I attended deceased from		
8. AGE: Years Months Days If less than one day 76 11 15 hrsmin.	Pulmonary Tuberculosis 8 Yrs.		
9. BirthplaceCopenhagen , Denmark (Town, county, and state) 10. Usual occupation 11. Industry or business	Jue 10		
E 12. Name William Poulsen 13. Birthplace Den mark	Other conditions		
14. Maiden name Eleanor Matsen 15. Birthplace Denmark	Major findings of operations		
16. Informant Deceased	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statisticalty.		
Address 17 Burial (Burial, cremation, or removal. Which) Course of the real (month) (day) (year)	22. VtOLENCE: If death was due to external causes, flit in the following; Accident, suicide, or homicide		
Location Baltimore, M. L. Creager & Son J. J.	Injured at home, farm, Industry, public place (where?)		
Address Thurmont, Maryland 19. (Date rec'd by registrar) Registrar	23. SIGNATURE M. D. WINEX		

THE REPORT OF THE PERSON OF TH do trahami BUNLAN VE I LENGT A BUNK A CAMPAGE OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 950

CERTIFICATE OF DEATH

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, The con is especially important. Physicians: please write the causes of death clearly and regibity.

MARGIN RESERVED FOR BINDING

Reg. Dist. No. 131

County	Adar (If outsi bove place of t Itution, or stra	nstown ide city or town death?eet address where	death occurred		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland County Frederick Adamstown (if outside city or town limits, write RURAL and give nearest town) Street No			
3. (a) FUI								
		MINNI	E FLO	RA REMSBURG		None		
4. Sex	5	. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CE	RTIFICATION		
F		W	S		20. DATE DF DEATH. Decembe	rl, 1945	1:55P	
7. Birth date deceased (of (mo., day, yr.)	Septe	mber	c) If allve, give ageyear 26,1870	and thet I last saw h er alive on NO	45 to December yember 30th	1 1 45 19 45	
8. AGE:	Years 75	Months 2	Days 5	If less than one day	Cerebral hemorrha	ge	4 days	
11. Industry 12. Ham 13. Birtl	or business e. Cal	vin F.	Remsb	nty Maryland	Die Cardiovascular with extensive arthritis deformans. Die Conditions Paresis extended over twenty years. (Include pregnancy within 8 months of death) Major findings of operations. Date of op.			
14. Mal	hplace F		ck Cou	nty Maryland				
16. Informan	L	s. Ella amstowr		•••••	Autopsy results			
	urial		Olive	t Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide			
				Maryland	Injured at home, farm, Industry, public place (wh			
18. Funeral	director			son and Son Maryland	Meane of Injury 23. SIGNATURE	Injured at work?	M. D.	
193	ec'd by regist	19.16.5	- 00	nabelle J. Hells. Registra	23. SIGNATURE C. H. Conley M. D. Xolike Address Frederick, Maryland Date signed 12-3-45			

RECOLUDO DEC 4 1945 BUREAU V.S.

PLEASE

VS A15

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore B.

CERTIFICATE OF DEATH

Reg. Dist. No. 339

1. PLACE OF DEATH: Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Sto Mary's		
City or town State Sana to ri um Mary land (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death? Since 6/9/45	City or town. Great Mills (If outside city or town limits, write RURAL and give nearest town)		
Hospital Institution or street address where death occurred:			
Maryland Tuberculosis Sanatorium	Street No		
How long in hospital or institution? Since 6/9/45	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Joseph Vincent Ridgell	214-16-7643		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	20. DATE DE DEATH December 15 1945 , at 2:10Am		
6.(b) Name of MSMACK wife. Elizabeth H. Ridgell	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 9 19. 45 to Dec. 15 19. 45		
7. Birth date of 2.3 202 3.03 4.	and that I last saw h. im. alive on December 15 19.45		
7. Birth date of deceased (mo., day, yr.) April 22, 1916	Immediate cause of death		
8. AGE: Years Months Days If less than one day	Pulmonary Tuberculosis 21 Mos.		
29 7 23hrsmin.			
9. Birthplace St. Mary 's County, Md.	Due to.		
P.O. clerk			
ID. OSUAI OCCUPATION.	Due to		
11, Industry or business			
Alphonsus Ridgell 13. Name	Dther conditions		
	(Include pregnancy within 3 months of death)		
14. Malden name Madge Evans	Major findings of operations		
15. Birthplace St. Mary's County, Md.	Date of op.		
16 Informant Deceased	Antonsy results		
7	PHYSICIAN: Please noderline the cause to which death should be charged statistically.		
Address Untroll 85	22. VIOLENCE: If death was due to external causes, till in the following;		
(Buriai, cremation, or removal. Which?) Bale thereof Discount (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Washington Chapel	Where did injury occur?		
Demetery of Community	Injured at home, farm, Industry, public place (where?)		
Location of conaratown St Marin Ca, Male	Means of Injury Injured at work?		
18. Funeral director M. L. Creager & Son	mostis of titlet?		
Address Thurmont, Maryland	N-10-olitina		
De COST DE	23. SIGNATURE M. DXOKOKOK		
19. (Date roc'd by registrar) Registrar	Address State Sana torium, Md. Date signed 12/15/45		

DEC 15 1945 BURLAUVE

MARYLAND STATE DEPARTMENT OF HEALTH

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, is especially important. Physicians: please write the causes of death clearly and

MARGIN RESERVED FOR BINDING

VS A15

2411 N. Charles St., Baltimore (830)

CERTIFICATE OF DEATH

Reg. Diat. No ...

Date signed.

How long in above pla Hospital, Institution, 507 N	Frederick Frederic Foutside city or town li ace of death? or street eddress where Bentz Street	mits, write RURAL and give nearest town) Life time death occurred:	Street No. 507 N. Bantz Street (If rural, give LOCATION)	
3. (a) FULL NA			3. (b) Social Security Number	
Minery	M. Ridgley	6.(a) Single, married, Widowed, or Siverced	None	
			MEDICAL CERTIFICATION	
Female	White	Widowed	20. DATE OF BEATH December 22nd 19.1.5 at 1:50 A.A.	
B.(b) Name of husba 7. Birth date of deceased (mo., da		el I.a. Bidgley	ars and that I last saw h. A. alive on D. 2/	
8. AGE: Ye	ars Mooths	Days If less than one day	Immediate cause of death DURATION SI's day	
77	7	5m		
10. Usual occupation	House	County, Md. county, and state)		
11. Industry or busin)		
E	Frederic			
			(Include pregnancy within 3 months of death)	
14. Maiden nam		Cronwell	Major findings of operations.	
🕱 15. Birthplaca	Don't 1	enow.	Data of op.	
16. Informant	Mrs. Edgar	Mercer	Autopsy results.	
Address	507 N. Bent	z Street	PHYSICIAN: Please underlina the cause to which death should be charged statistically.	
	en, or removal, Which r		22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
Cemetery or Grem	Mt. Carr	nel Cematery	Where did injury occur?	
Location 5	Wiles East	of Frederick		
		ine & Son	Means of Injury Injured at work?	
		1	7108	
Address	o Bast Pati	rick Street-Ined & he	de 23. SIGNATURE U. G. Barre, St.	
19. 2 H D @	registrar)	Elizabeth y. Hech	M. D. or other	

2411 N. Charles St., Baltimore

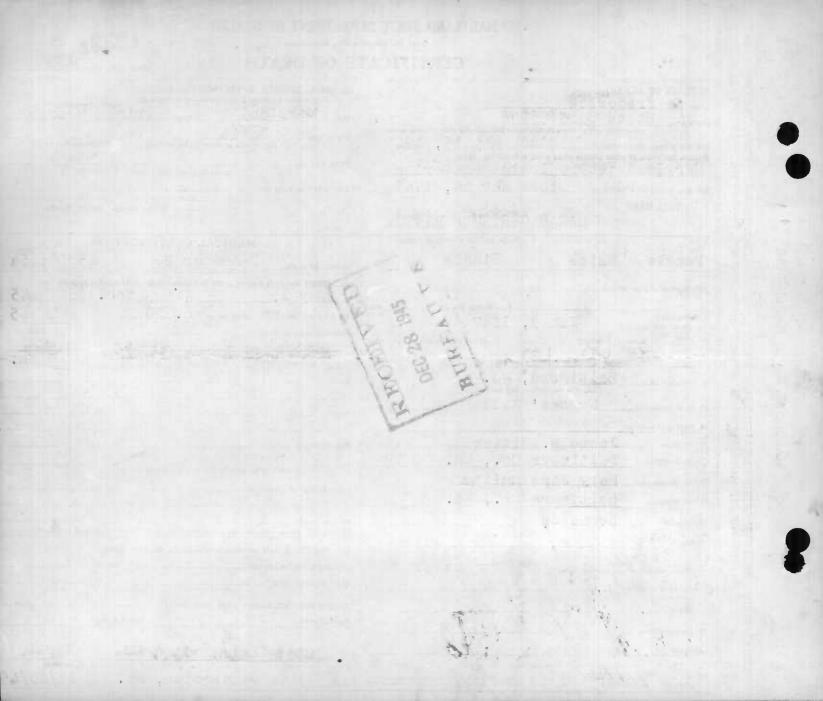
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1. PLACE OF DE	EATH:		2. USUAL RESIDENCE (HOME) OF DI	ECEASED:		
County Fre	ederick		3/3	(For newborn infanta give residence of mother)		
City or town Sta	ate Sanat	orium mits, write RURAL and give nearest town)	state Maryland county	Prince George		
(If	outside city or town li	ince May 15, 1945	Cliy or town	A THITTE A Y and 3		
How long in above place Hospital Institution of	e of death? r street address where	death occurred:				
		losis Sanatorium	Street No			
		nce May 15, 1945	2.(a) If veteran, name war	16		
3. (a) FULL NAM		H GERTRUDE RITTER	3	. (b) Social Security Number		
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERT	TIFICATION		
Female	White	Single	2D. DATE DF DEATH. December 26 19 45 at 6			
			May 17 1942	10 6C • 20 1942		
7. Sirth date of deceased (mo., day,	Ton	3, 1887	and that I last saw h C.Falive on			
8. AGE: Year		Days If less than one day	Immediate cause of death	DURATION		
58		23hrs,mir	Pulmonary Tubercu	losis 8 mo.		
9. Girthplace	Baltimo	re. Md.	Due to.	***************************************		
10. Usual occupation.	Nurse	s' Aide	Due to			
11. Industry or busines	ss		500 10			
M 12 Name	Jesse W	Ritter				
13. Birthplace		re Co., Md.				
			(Include pregnancy within 8 months of death)			
14. Malden name. 15. Birthplace		ne Smith	Major findings of operations			
15. Birthplace	Baltimo	re Co., Md.		Date of op		
16. Informant	Decease	a	Actorsy results			
			PHYSICIAN: Please underline the cause to which			
Address		1) 1, 6/11	22. VIOLENCE: If death was due to external causes,	fill in the following;		
(Burial, cremation, or removal, Which?) Date therept (month) (day (year)			Accident, suicide, or homicide			
	4101	aughter (day (year)	Whare did injury occur?(City or town)			
Cemetery or cremat	ory	, La				
Location	1 of	AT A	injured at home, farm, industry, public place (where?			
18. Funeral director	MY. CR	surbire De	Meens of Injury	Injured at work?		
	Riverdas		.00			
Address	www	A THE STATE OF THE	23. SIGNATURE	~		
19 14/76/	1945 19	1.00	State Sanatanium	M. D. on-ther M. D. 10/06/1		
(Date/rec'd by re	egistrar)	Registre	Address State Sanatorium	Date signed - 6/60/4		

MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNFADING INK.

The correct age

Supply every item of information ca



ect age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The estably is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (830)

12332

			CERTIFICAT	TE OF DEATH	Reg. Dist. No.	33
City or town	ATH: derick ion Brid nutside etty or town lit ol death? Life street address where de	ge Ru time	ral URAL and give nearest town) in Community	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland County Frederick City or town Union Bridge Rural (If outside city or town limits, write RURAL and give nearest town) Street No. Johnsville (If rural, give LOCATION)		
How long in hospital or	Institution?		***************************************	2.(a) It veteran, name war	ne	
3. (a) FULL NAM	John	Will	iam Royer		3. (b) Social Security N	umber
4. Sex	5. Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL (CERTIFICATION	
Male	White	M	arried	20. DATE OF DEATH December	5 19.45	1.1.00PM
8.(6) Name of husband or wite. Mary E Royer 7. Birth date of deceased (mo., day, yr.) March 12 1865 8. AGE: Years Months Days It less than one day 80 7 23 hrs. min. 9. Birthplace. Carroll County Maryland (Town, county, and state) 10. Usual occupation. Farmer-Minister 11. Industry or business 12. Name. Amos Royer 13. Birthplace Maryland 14. Malden name. Catherine Roop. 15. Birthplace Maryland				21. I CERTIFY that death occurred on the date a and that I last saw has a allve on	months of desth)	1945 1945 OURATION
Address Unio Address Unio 17	Beaver ar Union D.D.Har n Bridge	Mary Date there Dam Bridgetzler	land Route 2 Dec. 8-1945 (month) (day) (year) Cemetery ge Maryland	Antopsy results. PHYSICIAN: Please underline the cause to a constant of the cause to a coldent, suicide, or homicide. Where did injury occur? (City or town injured at home, larm, industry, public place (Means of injury)	auses, fill in the Iollowing;	(State)

HITHERAT T. the day of the think is the parties of the monthly work is madely modern the

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

DURATION

CERTIFIC	CATE OF DEATH Rog. Dist. No. 31
1. PLACE OF DEATH: County	(If outside city or town limits, write RURAL and give neerest town) Street No. 307 West 2nd s. St.s. (If rural, give LOCATION)
3.(a) FULL NAME Clara Elizabeth Sanders	3. (b) Social Security Number None
4. Sex 5. Color or race 6.(a) Single_married, wildowed, or divorced— Female White Widowed	MEDICAL CERTIFICATION

Hospital, Institution, or	street address where 07 West 2			Street No. 307 West 2nd	e St.e.	
How long in hospital or institution?				2.(a) If veteran, name war None		
3. (a) FULL NAM	clara	Eliza	beth Sanders		3. (b) Social Security Number None	
4. Sex	5. Color or race	6.(a) Sing	da, married, widowed, or divorced -	MEDICAL (CERTIFICATION	
Female	White		Widowed	20. DATE OF DEATH Decemb	er 1st. 19 45 . 2	
7. Birth date of		orge S	(c) If alive, give ageyea	21. ICERTIFY that death occurred on the date of	shove stated; that lattended deceased from	
8. AGE: Years		Days	If less than one day	Immediate cause of death		
81	7	3	hrsmls	Cerchal Warn,	ml 20 20	
11. Industry or busines 12. Name	Elias De			Diher conditions Jagana		
	Sarah			(Incinde Tegnapey within		
	Ellert			Major findings of operations.	Date of op	
			Frederick, Md.	PHYSICIAN: Please underline the cause te		
Burial	or sumoval. Which	Date the	reof Dec. 4-1945 (month) (day) (year) Cemetery	22. VIOLENCE: If death was due to external of Accident, suicide, or homicide	Date of	
Location	Freder	ick, M	d •			
19. Funeral director	C.E.Cl	ine an	d Son	Means of Injury	injured at work?	
Address	Freder	ick M	4	11/1	to m	

PLAINLY, WITH UNF is especially important. PLEASE WRITE VS A15

3 Dec (Date rec'd by registrar) Registrar

M. D. or other Address...

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important.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12334 Reg. Dist. No. 139

1. PLACE OF DE	harT	erick		2. USUAL RESIDENCE (HOWLE) OF DECLASED: (For newborn infants give residence of mother)		
City or town Sts	ate Sanat	orium	Maryland URAL and give nearest town)	State Maryland county Washington		
How long to above plac	of death? Sin	ce 11	/24/45	City or town		
Hospital Institution, o	r street address where i	death occurred	•	Street No. 806 Spruce St		
Mary Land	Tubercu	Tosis	Sanatori um	(If rural, give		
	or Institution?Sin	ce II	/24/42	2.(a) If veteran, name war		
3. (a) FULL NAM					3. (b) Social Security	Number
Ada	M. Shank				None	
4. Sex	5. Color or race		e, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female	White	W	idow	20. DATE OF DEATH December	3 19.45	, 17:20 Pm
				21. I CERTIFY that death occurred on the date about	ve stated; that I attended dec	eased from
				November 24 19.1	+5 to Dec.	3 45
9 Bull dala ad			c) If alive, give ageyears	and that I last saw her alive on Dec	ember 3	194.2
deceased (mo., day, yr.) 1/21/1880 8 AGE- Years Months Days If less than one day				Immediate cause of death		
8. AGE: Year	Acceptance of the second	12	hrsmin.	Pulmonary Tubercu	110515	9 Yrs.
	Big Pool	. Mar	vlan d	Bue to.		***************************************
9. Birinplace	Hous ewi	county, and	state)	320 10		
10. Usual occupation.	TOUS EMT	1 e	***************************************	Due to		····
11. Industry or busine						
至 12. Name		****************		Other conditions	***************************************	
12. Name	Big Poo	1, Ma	ryland	(Include pregnancy within 3 n		
Maiden name	Alice I	aught	aum			
14. Maiden name	Big Poo			Major findings of operations		
T.	eonard Sh			Actopsy resolts		
10. Infolhant				PHYSICIAN: Please coderlice the cause to wh	nich death shoold be ebarge	d statisticsDy.
			gerstown, Md.	22. VIOLENCE: If death was due to external cau-	ses, fill in the following;	
17. Queral	n, or removel. Which?	Date ther	(month) (day) (year)	Accident, suicide, or homicide	Date of	
Cemetery of cremetory May Comment Corssel				Where did injury occur?(City or town)	(Connty)	(State)
Cemetery of	Debt	n	d:	Injured at home, farm, Industry, public place (wh		
				Means of Injury	Injured at work?	
18. Funeral director			n	Nh /	γ	
Address	Hagerst	own,	Maryland	23. SIGNATURE J. DL	m	
12/	1 /16/195		1. Plan		M. D	
19. (Date rec'd by r	egistrar)	***	Registrar	Address State Sana tori	um. Md. Date signer	12/4/45



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3/-02

CERTIFICATE OF DEATH

12335

		CERTIFICAT	Reg. Diat. No. 191
1. PLACE OF DEACOUNTY	Frederic Frederic utside city or town li of death? street address where	k mits, write RURAL and give nearest town) Four Months death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State Maryland County Frederick (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2. (a) It veteran, name war.
(w) = = = = = = = = = = = = = = = = = = =		le Lee Starr Simpson	3. (b) Social Security Number None
4. Sex	5. Color or race	6.(a) Stagte, married, widowed, or divorced	MEDICAL CERTIFICATION
Female	White	Married	20, DATE OF DEATH. Dec 18 19.45, at 6
7. Birth date of	T	cge B Simpson	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
deceased (mo., day, y		Days If less than one day	Immediate cause of death
79	10	29min.	afoflyy
9. Birthplace	House	***************************************	Due to. Ke furthering Cardis Oo curley. Due to.
12. Name	Lycurgus	Starr	Other conditions (Include pregnancy within 8 months of death)
14. Malden name	Alice St	oner	
U 15 Pirtheless	Maruland		Major findings of operations.
Address Re	eymar, N	aryland	Autopsy results
Cemetery or econotes UY	7	ge Maryland	Where did Injury occur?
18. Funeral director	D.D. Hari	zler & Sons	Means of Injury Injured at work?
Address Unio		Elizabeth J. Hech	23. SIGNATURE avoll M. D. or other Address W. S. Cherwille M. D. or other Date signed Die 24

JAN 2 1946 BUREAU YE

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply-every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 467

CERTIFICATE OF DEATH

1	2300
Reg. Dist.	No. 7240

	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County. J. L. S. C. C.	(For newborn infants give residence of mother)
	State Ind County Juldenick
City or town	"
How long in above place of death?	City or town
Hospital, institution, or street address where death occurred:	Street No.
······································	(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Bessie Ogle Munt	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Fr W massis	A
	20. DATE OF DEATH
8.(b) Name of husband or wife Leval Bastles Suntle	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
	1943 19 10 Dec 1 19 YS
7. Birth date gt	and that I last saw halive on
deceased (mg. day, yr.) are 13 1878	Immediate cause of death
8. AGE: Years Months Days It less than one day	0
13:0 6 7 18hrsml	III.
9. Birthplace Man Colon Agens Landing Ford Say Dock Rown, county, and state)	/
(/ 2 / . /	
10. Usual occupation Thurse wife	Oue to
1t. Industry or business	
# 12. Name James B Ogle	
12. Name Jasses B. Ogle 13. Birtholace Fred, Coll	Other conditions
	(Include pregnancy within 8 months of death)
= 14. Malden name Laura & Mathais	
14. Maiden name Laura & Mathain 15. Birthplace Fulde Con	Major findings of operations.
Me Both K. A.	Date of op.
16. Interment Sell a Surfice S	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Woodsboro	
Busial 2000 9 194	22. VIOLENCE: If death was due to external causes, till in the following;
(Bnrial, cremation, or removal. Which?) Oate thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or exemptory mt. Dtark	Where did injury occur?
111	
Location Add Date Add Total Control of the Control	Injured at home, tarm, Industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
Address. Walkersville ml	- taxan
19.19 Up CPP b	23. SIGNATURE My. D. or other
Dere rectular registrar)	William Wall

prediction are protected.

DEC 8 1955
BURLAU V.S.

2411 N. Charles St., Baltimore /3/-6

CERTIFICATE OF DEATH

	Reg. Dist. No	184.1.1.0.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	town)
3. (a) FULL NAME Lottie In Snook	3. (b) Social Security Nur	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Temale Othiles Single.	MEDICAL CERTIFICATION 20. DATE OF DEATH Securification 1945, at	3:20 P M
8.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased May, 28th 19.45, to Dec. 19. and that I last saw her alive on Dec. 18th	from th.1945
deceased (mo., day, yr.)	Immediate cause of death	DURATION
8. AGE: Years Bonths Days 11 less than one day 6/ 5 /2		3 hrs.
8. 8irthplace January and state) 10. Usual occupation Status occu	, , , , , , , , , , , , , , , , , , , ,	20 yrs
11. Industry or business Hame. 12. Name	Other conditions	
14. Malden name Property Date 15. Sirthplace Priddletown and	(Include pregnancy within 3 months of death) Major fiadings of operations	**************
18. Informant Sustaine 22. Sunta Re	Antopsy results	00
Address Authorst Ad. 17. (Burial, cremation, or removal, Which?), (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
Cemetery or crematory. See the second and see the second and see the second and second a	Where did injury occur?	
18. Funeral director 22 200 Mary Color 18. Funeral director 22 200 Mary Color 18.	Meens of injury Injured at work?	
19 Dec. 22 1945 Blanche & Eyler	23. SIGNATURE . M M. D. or of	
(Date rec'd by registrar) Registrar	Address Erederick Md. Date signed De	c.21/4

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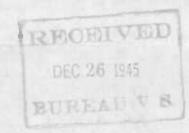
WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly.

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PLEASE

VS A15



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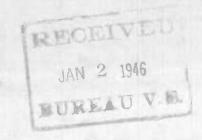
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 6/

CERTIFICATE OF DEATH

12338

	Reg. Dist. No/
1. PLACE OF DEATH: County Additional County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Many Land County Total Library
City or town	City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME Mary Elizabeth Sa	titely. 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Temale 2 hite 2 harried.	MEDICAL CERTIFICATION 2D. DATE DF DEATH
B.(b) Name of husband or wife B.(c) If alive, give age S. years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 18.45 to 29 19.45 and their I last saw h. 22 alive on 27 19.45
7. Birth date of deceased (mo., day, yr.) Pranch 20, 1869	
8. AGE: Years Months Days If less than one day 76 9 9hrsmin.	Immediate cause of death DURATION Courte Poly vos 2 delts
9. Birthpiace The Market Market County, and state)	Due to Litilias Mallitis 15 yrs
1D. Usual occupation.	Due to
11. Industry or business Acusewase	
12. Name John Britishade I Land van and I Made	Other conditions
14. Maiden name Lathernian Philippine Thoront, 2nd	(include pregnancy within 3 months of death)
15. Birthplace Theremont, and	Major findings of operations.
D 0 6:00:	Date of op.
16, Interment	Autopsy results
Address humant Md. 17. Butter Market	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory	Where did Injury occur? (City or town) (County) (State)
Location Links that the the delication of the state of th	Injured al home, farm, Industry, public place (where?) Meens of injury Injured at work?
18. Funeral director	meetie ot tilpaty fillpated at noting
Address Rusmont, Md.	23. SIGNATURE Morris a Briefy 14 ho
19 Date . 3 1945 Blanch & Eyler Registrar)	Address Thurword 2 d Date signed do 22 55



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

CERTIFICATE OF DEATH



1. PLACE OF DEATH: Frederick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Broadsik - Heights - Rural	- State Ind, County
(If ontside city or town limits, write RERAL and give nearest town) How long in above place of death?	(If outside city or town limits, writs RURAL and give nearest town)
ow long in above place of death?	ter opening city of their minter, with and and Bit o monters commy
	Sireet No. (If roral, give LOCATION)
low long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
William J. St.	rouse 3. (0) Social Security Humber
. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m It	20. DATE DE DEATH Dec S 1921 3 A
(6) Name of husband or wife	
Birth date of	2015 10 18 18 18 18 18 18 18 18 18 18 18 18 18
Birth date of deceased (mo., day, yr.) 12-19-1864	
AGE: Years Mooths Days If less than one day	Immediate case of death
79 11 16hrs	
	The state of the s
Birthplace State College - Pa. (Town, conney, and etate)	Due fo
P. to	
D. Usual occupation.	Due to
1. Industry or business	
12. Name Joseph Strown. 13. Birthplace State College Pa.	Dther conditions
	(Include pregnancy within 3 months of death)
14. Malden name annie 12. Priebs 15. Birthplace State College, Pa.	
15. Birthplace State College, Pa.	Major fiadings of operations.
8 Informaci Miss Miniam Keller	Bate of op.
O. INIUMSHI	Autopsy results
Address 75 Kennedy blive - Kenwoods)	24
Burial Date thereof 7-45	22. VIOLENCE: If death was due to exfernal causes, fill in the following;
(Burial, cremation, or removal, Whitelift) Date flereof (month) (day) (year)	
Cemetery or crometery Orbits heels lew	Where did injury occur?
Lacation Washington, D.C.	Injured at home, farm, Industry, public place (where?)
C & Eline & Son	Means of Injury 11 Injured at work?
18. Funeral director	
Address I refereck my.	- Alalishi
5-1000 115- CP: 1 m 91 th och	23. SIGNATURE. M. D. or other
(Date rec'd by registrar) (Date rec'd by registrar) Registr	rar Address the de heep the Date signed 5145

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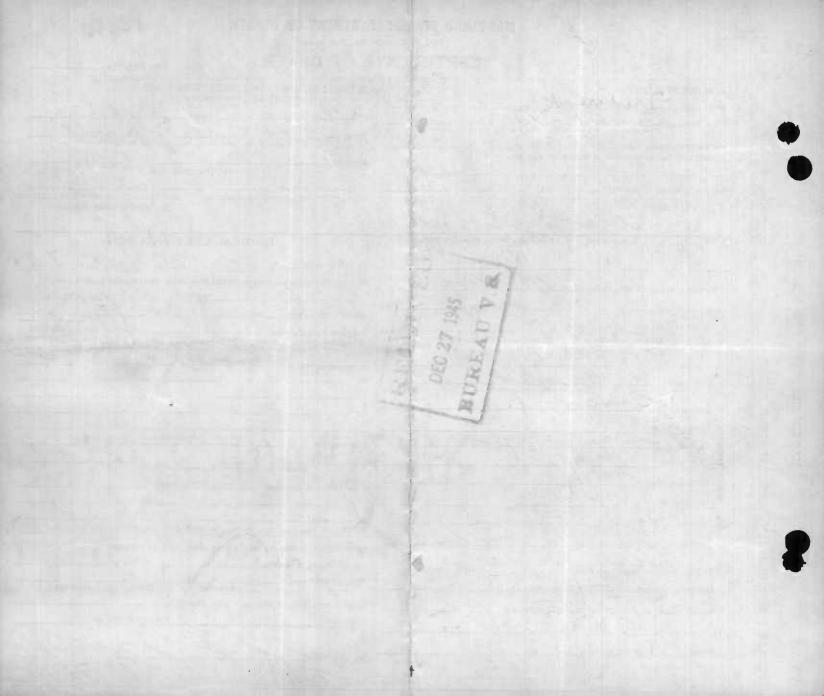
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County City or town implies, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3.(a) FULL NAME ada 6. Swank	3. (b) Social Security Number
6.(a) Single, married, widowed, or divorced Wishered 8.(b) Name of husband or wife	MEDICAL CERTIFICATION 20. DATE OF DEATH
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and that I last saw h
9. Sirthplace (Town, county, and state) 10. Usual occupation.	Due to
11. Industry or business 12. Name	Other conditions
14. Maiden name. Mary Carl 15. Birthplaco Mary Carl 16. Informant. Large PL	Major findings of operations
Address 11	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Location 18. Funeral director.	Where did injury occur?
Address Brown & MA 19 Date Per 19 4 5 Easter And Art 19 (Date Per'd by registrar) Registrar	Address Date signed Date signed



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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

12341

CERTIFICATE OF DEATH

- Dia N. 131

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Prodominis Proposition D. J.	Maryland Frederick		
(If outside city or town limits, write RURAL and give nearest tow	State Mary Land County Frederick		
How long in above place of death? 25 Years	(If outside city or town limits, write RURAL and give nearest town)		
Mospital, Institution, or street address where death occurred:	Streef No. Near Frederick		
Near Frederick	(If rural, give LOCATION)		
How long in hospital or institution?			
3. (a) FULL NAME	3. (b) Social Security Number		
GEORGE CALVIN THOMAS	None		
4. Sex 5. Color or race 6.(q.) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
M W M	20. DATE DE DEATH December 3rd, 19 45 at 8:30P		
B.(b) Name of husband or wife Lillie J. E. Thomas	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	August 28th, 19 45 to Dec. 3d, 19 45		
1. Wirth date of Hohmson OF 1063	and that I last saw h. im. alive on December 3d, 19.45		
discounted (missi and) 7117	Immediate cause of death.		
8. AGE: Years Months Days If less than one day	Cerebral hemorrhage 6 days		
	min.		
9. Birthplace Nr. Adamstown-Frederick-Mary (Town, county, and state)	land xxx Coronary thrombosis Aug. 2		
10. Usual occupation Farmer	xxx Marked arteriosclerosis Number		
11. Industry or business			
E 12. Name Josiah S. Thomas	Other and lives		
12. Name. Josiah S. Thomas 13. Birthplace Frederick County Maryland	Other conditions		
Susan Rehecca Thomas	(Include pregnancy within 3 months of death)		
14. Malden name.	Major findings of operations		
15. Birthplace Freder LCK County Maryland	Date of op.		
14. Malden name. Susan Rebecca Thomas 15. Birthplace Frederick County Maryland 18. Informanf. Mrs. Lillie Thomas	Autopsy results		
Address R. F. D. #1, Frederick, Mary	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.		
17. Burial (Burial, commetting or response). Whitehir) (Burial, commetting or response). Whitehir) (Burial, commetting or response). Whitehir)	Accident, suicide, or homicide		
Cemetery or crametery Mount Olivet Cemetery	Where did injury occur?		
Location Frederick, Maryland	Injured at home, farm, Industry, public place (where?)		
18. Funeral director. M. R. Etchison and Son	Means of tnjury Injured of work?		
Emodonial- Manual and			
00.0.0.1.	23. SIGNATURE N. D.		
19. 5 Doc (Date red by registrar) 19.45 Elizabeth J. He	da. 23. SIGNATURE C. H. Conley, M.D. M. S. Signed 12-4-45 Address Frederick, Maryland Date signed 12-4-45		

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DEC 7 1945

BUREAU V. S.

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

1. PLACE OF DEATH	ole		2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	OF DECEASED:	
County Frederick CHrustown Frederick-Rural (If outside city or town limits, write RURAL and give nearest town)			State Maryland County Frederick		
			Frederick-R		*****************************
	ath?		(If outside city or town lim	its, write RURAL and give ne	earest town)
Hospital, Institution, or street	address where death occurred:		Street No. Feagaville		
Emergency	Hospital			ve LOCATION)	*************************
How long in hospital or instit	ulion?		2.(a) It veteran, name war		
3. (a) FULL NAME				3. (b) Social Security	Number
	EMMA ARBELL	A WACHTER		None	
4. Sex 5. C	olor or race 6.(a)Single	married, widowed, or divorced	MEDICAL O	CERTIFICATION	
F	W	W	20. DATE OF DEATH Decembe		9:10P
i.(6) Name of husband or anid	Marsellus	C. Wachter	21. I CERTIFY that death occurred on the date a	bove stated: that Lettended deci	eased from
7. Birth date of		It alive, give ageyears	end that I last saw h		
deceased (mo., day, yr.)	January 9,	1879	· ·		-
B. AGE: Years	Months Days	It less than one day	Immediate cause of death.		DURATION 3
66	11 10	hrsmin.	- Franzisch	· · · · · · · · · · · · · · · · · · ·	
Brode	lock-Frederi	ole-Mary land	Candia Vascu	la March	410
Birthplace	(Town, county, and st		Due to.	.)	Jean
10. Usual occupation	At Home		Paren	<u></u>	
			Due to		
11. Industry or business	n F. Riddle	mosar			***************************************
777	derick Coun	tr Merriand	Dther conditions		
13. Birthplace			(Include pregnancy within	8 months of death)	
14. Malden name	rgaret Ann	Smith	Major findings of operations		
15. Birthplace Fre	ederick Coun	ty Maryland	Major findings of operations		
Mrs.	argaret Ann ederick Coun Lloyd F. De	Grange			
Toffe	erson, Maryl	and	PHYSICIAN: Please underline the cause to		
Madicao			22. VIOLENCE: It death was due to external c	auses fill in the tolinwing	
Burial (Burial, cromation, or re	Date there	12/22/45 (month) (day) (year)	Accident, suicide, or homicide		
(Buriai, exemation, er re	Moval. Which?)	(month) (day) (year)			
Cemetery or cremetory	Mount Olivet	Jewerer A	Where did injury occur?(City or town) (County)	(State)
Location	rederick, M	aryland	Injured at home, farm, Industry, public place ((where?)	
No. Samuel Carlo	1. R. Etchis	on and Son	Meens of injury	Injured at work?	
	rederick, M	orvland	m D	7 1	
Address	TOGOTICA, III	at y talla	23 SIGNATURE A Farmen	a Fahinus	M. D.
· 21-Dec	10165-	i aly D. y Hack.	Madain D. Mas	M. D.	or other
19. 21 - D 2 C (Date rec'd by registra	r)	Registrar	Address Malricis, Ma	Date signed.	12-20-4

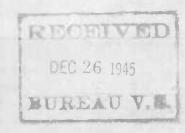
PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

WRITE

PLEASE

VS A15

MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH age 2411 N. Charles St., Baltimore 28.5 CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) information carefully of death clearly and Hospitat, Institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution?. 2.(a) 11 veleran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex MEDICAL CERTIFICATION item of i BINDING 20. DATE OF DEATH 21. I CERTIFY that death occurred on the date above stated: that I attended doceased from ARGIN RESERVED FOR and that I last saw h America...alive on deceased (mo., day, yr.) Civily Immediate cause of death. DUBATION 8. AGE: 8. Birthplace Mondition (Fown, gounty, and state) 1D. Usual occupation... 11. Industry or business 12. Name 22 13. Birthplace 222 (Include pregnancy within 8 months of death) Major findings of operations..... PLAINLY, vis especially PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the tollowing; 301940 Accident, suicido, or homicide..... (month) (day) (year) Where did injury occur?(City or town) WRITE Injured at home, tarm, industry, public place (where?) Meana of Injury tniured at work? (Date rec'd by registrar)

DAS 12 Burners Continues of the second 12 - 5X 34 JAN 2 1946 BURLAUTE



Sorrect age

HARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)

CERTIFICATE OF DEATH

Reg. Diet. No. 453 (

1. PLACE OF DEATH: 1	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
(If ontside city or town lights, write BURAL and give nearest town)	State maryland County Frederick
(If ontside city or town limits, write RURAL and give nearest town)	City or some of rederick
low long in above place of death? Lifetime	(If outside city or town limits, write RURAL and give nearest town)
lospital, institution, or street address where death occurred:	Street No. athletic Park
\$0	(If rural, give LOCATION)
low long in hospital or institution? 4 days	2.(a) It vsteran, name war
3. (a) FULL NAME Charles Loven	3. (b) Social Security Number 217-10-0939
4. Sex 5. Color or race 6.(a) Slagle, married, widewed, or divorced	MEDICAL CERTIFICATION
male white thinged	10. 0.113 11.
7. 1.10 17 10 10	20. DATE OF DEATH. Lecember 13- 19.45, at 11:30
8.(b) Name of heatrant or wite many Belle Wiles	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
	2/00/10 1949 to C/00/3 184
. Birth date of	and that I last saw h mailys on Dec 13
deceased (mo., day, yr.) august 9-1901	
B. AGE: Years Months / Days It less than one day	Immediate cause of death Corenaux Thrembur
44 4 4 mhrs.	
The day it man of	Pa Nin Mide March
B. Birthplace I referrick - mary land (Town, county, and etate)	Due to Carrier Vancour
la ta	Duean
10. Usual occupation.	Due to
1. industry or business Salvage Center	
12. Name George Daniel Wiles	Sther conditions
13. Birtholace I rederick Co. md.	4114 44141.4
	(Include pregnancy within 8 months of death)
14. Malden name.	Major findings el eperations
15. Birthplace I rederick Ca. md.	Dais of op.
Dan Pa. Pa'01.	
	Antopsy results
Address yellow Springs - Ind.	
Burisl Bate thereof 12-15-45	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
(Bnrial, sremation, co-removal Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or mount alwest Cemetery	Where did injury occur?
I rederich med	
Location Steelers - The	injured at home, farm, industry, public place (where?)
18. Funeral director. C. E. Cline & Low	Means of Injury Injured at work?
4.1.1.1	mo yo and
Address Judence Jud.	- 23 SIGNATURE Adamence Jakiny mil
als Dec sus - Elisabeth to be	M. D. or other
19. 15 Dec 1945 Challelle 9 Herist (Date ree'd by registrar) (Pagistra)	rar Address Frederick me Date signed 12-14-

DCC 18 1945

I alenney

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEAT

How long in above place of Hospital, Institution, or st

How long in hospital or in 3. (a) FULL NAME

B.(b) Name of husband -or

(Date rec'd by registrar)

7. Birth date of deceased (mo., day, yr.)

8. AGE:

9. Birthplace.

4. Sex

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 924

12346

CERTIFICAT	E OF DEATH Reg. Diat. No.	3.1
H: Frefrick	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
funck	State County County	-
death?	City or town. Treleviet	
death?	(If outside city or town limits, write RURAL, and give nea	rest town)
- Overed Sh	(If rural, give LOCATION)	
stitution? 16 years	2.(a) It veteran, name war	
-	3. (b) Social Security	Number
Laura Lorentz Winebrenner	none	
. Color or race 6.(a) Single, merried, widowed, or divorced	MEDICAL CERTIFICATION	
White Divorced	2D, DATE OF DEATH December 25th, 19 45	at 4 A. M
B.(c) If allve, give age years	21. I CERTIFY that death occurred on the date above stated; that I attended decea December 10th 19 45 to Dec. 25	sed trom 5th 45
7ch 20~1860	and that I last saw h. eralive on December 25th	19.4.5
Months Days It less than one day	Cerebral hemorrhage Chronic myocarditis	DURATION 12/10/4 3 years
(Town, county, and state)	TXX Marked arteriosclerosis	long period of
retired houseinfe	Due ta	years.
Fredrick Co. and	Other conditions	***************************************
atle Rola	(Include pregnancy within 8 months of death)	

ech.
Registrar Add

PHYSICIAN: Please underline the cause to which death should be charged statistically.

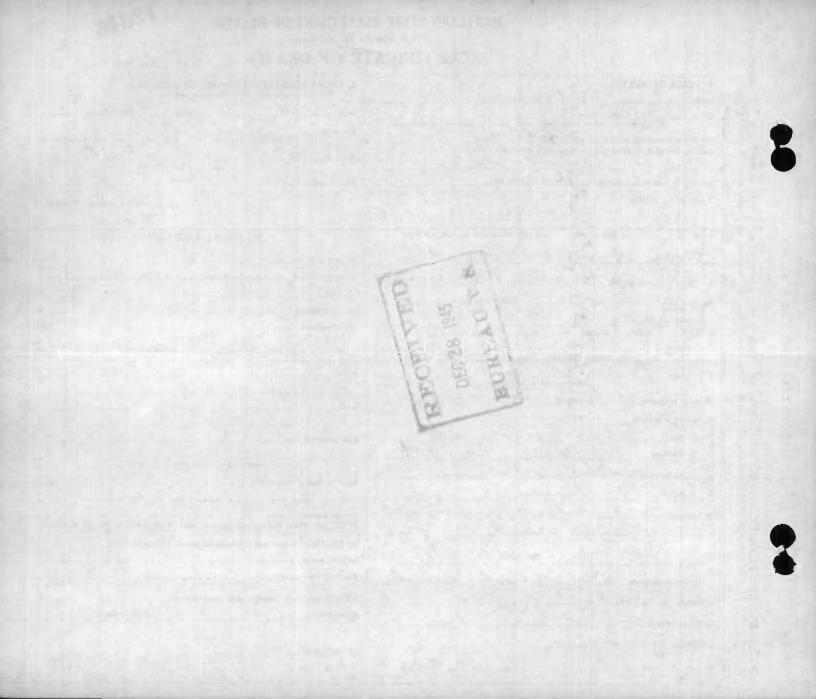
Means of Injury Injured at work?

22. VIOLENCE: tf death was due to external causes, fill in the following;

Major findings of operations.....

23. SIGNATURE C. H. CONTES M. D. M.

AddressFrederick, Maryland Date signed 12/26/



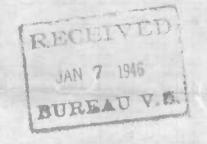
2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

12347

		12	
Reg. Dist.	No		

1. PLACE OF DEATH: County Frederick City or term (If outside city or town limits, write RURAL and give neares	State Maryland county Frederick
How long in above place of death? Lifetime Hospital, Institution, or street address where death occurred: 23 West 5th Street	Street No. 23 W. 5th Street (If raral, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
	3. (b) Social Security Number
MARY GERTRUDE YINGER 4. Sex 5. Color or race 6.(a)Single, married, widowed, or disc	
Female White Single	
8.(b) Name of husband or wife	20. OATE OF DEATH
7. Birth date of 7. Sirth date of 7. Sir	and that I last saw hat he ave on the 3/ 19 /5
deceased (mo., day, yr.) April 1, 1877 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
68 8 30hrs	min to well declient a least
9. Sirinplace Frederick, Maryland (Town, county, and state)	Due to.
(Town, county, and state)	006 (0
10. Usual occupation House REEPER.	Due to
11. Industry or business	
12. Name George C. Linger 13. Birthplace Germany	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Elizabeth Gerlach 15. 8irthplace Germany	Major findings of operatious.
	Bate of op.
16. Informant George Yinger	Autopsy results. PHYSICIAN: Ptease underline the cause to which death should be charged statistically.
Address 23 W. 5th St., Frederick, Md.	22 VIOLENCE- If death was due to external causes fill in the following:
(Burial Germation, or removal Which)	(year) Accident, suicide, or homicide
Cemetery or arenatory Mount Ulivet Cemetery	Where did injury occur?
Location Frederick, Maryland	
18. Funeral director. C. E. Cline & Son	Description 2
Address 8 Last Patrick St. Frederick	WEPLTY MPDICAL EXAMINER
	23. SIGNATURE M. D. or other
19. 31-Occ 1943 Elizabeth y. tt	ede. Mackeler o. M. D. or other



2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

12348 /39°

	Avg. Date to manufacture.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County telegation redents	(For newborn infants give residence of mother)
	State District South Collision
(If outside city or town limits write RURAL and give neurest town)	City or to Dasher atm.
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Charles J. Yengle	~γ
4. Sex 5. Color or race 6.(a) Single, married, widowed or divorced	MEDICAL CERTIFICATION
m w. married	20 DATE OF DEATH De 6 1945 at 12.15 PM
0000	ZU, DATE OF DEATH
6.(b) Name of booms or with Slanche 19.	21.1 CERTIFY that death occurred on the date above stated; that I atlended deceased from
5.(c) If alive, give age 55 years	19 to
7. Birth date of 2 2 14 1970	and that I last saw h
deceased (mo., day, yr.) May 14-1819	Immediate cause of death
8. AGE: Years Months Days If less than one day	Commy of climan &
(06) A / Ihrsmin.	< m,
Pilipalestoren Ind.	B. I.
9. Birthplace(Town, ganty, and state)	Due to
10. Usual occupation Returned	
	Due to
11. Industry or business	
12. Name 12. Name Co. Dale	Other conditions
3 13. Birthplace Canada Co. Dal	
& ann R would	(Include pregnancy within 3 months of death)
14. Maiden name ann R. Juright 15. Birtholace Libertytown, m	Major findings of operations.
E 15. Birthplace dilletylousen on	Date of op.
18. Informant Blanch & m. yinglish	Autopsy results
111-00(1 10)	PHYSICIAN: Please underline the cause tu which death should he charged statistically.
Address Wash, D.C.	22. VIOLENCE: If death was due to external causes, fill in the following:
12 ledge / Vell Date thereof / 2 - 8 - 4-5	Accident, suicide, or homicide
(Burial, remation, or remayal, Which?) (month) (day) (year)	The state of the s
Cemetery or crematory, edas / Vell Cemelles	Where did injury occur? (City or town) (County) (State)
Suiteland mel	tnjured at home, farm, Industry, public place (where?)
Location	Means of Injury Injured at work?
18. Funeral director O Hawlers	means of injury
Address 175 /b - Pa. One June	R.w Bon Ex.
AUDIES 12 G G G G G G G G G G G G G G G G G G	23. SIGNATURE M. D. or other
19. 5 Dec 19.45- // Durdman	5 march and a street
(Date rec'd by registrar) Registrar	Address Date signed

RECEIVED
DEC 10 1945
BUREAU V.S.

2411 N. Charles St., Baltimore 107

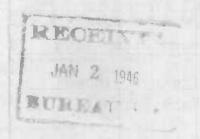
CERTIFICATE OF DEATH

Reg. Dist. No. 137

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Frederick
City or town Unionville (If outside city or town limits, write RURAL and give nearest town)
Street No
(If rural, give LOCATION)
2.(a) It veteran, name war
3. (b) Social Security Number
None
MEDICAL CERTIFICATION
20. DATE DF DEATH December 27-1945 19. 1.0.00 a.
21. I CERTIFY that death occurred on the date above stated: that I etjemded deceased from
and that I last saw h
Immediate acree of death DURATION
Chricket Vommen
ln
Due to
Due to
Dther conditions
(Include pregnancy within 3 months of death)
Major fiadings of operations
Date of op.
Autopsy results
22. VIOLENCE: It death was due to external causes, till in the following:
22. VIOLENCE: It death was due to external causes, till in the following: 2 Accident, suicide, or homicide
Where dld lnjury occur? (City or town) (County) (State)
Injured et home, farm, Industry, public place (where?)
Injured at work?
means of injury
23. SIGNATURE M. D. or other
Address / John Commerce Signed / Del Signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



2411 N. Charles St., Baltimore (3)

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Fog newborn infafts give residence of mother)
County Reality CF.	Mariland Machanish
(If outside city or town limits, write RURAL and give nearest town)	State County Charles of County
How long in above place of deafh?	(la Oatside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Streef No. J. O. J.
Jane 1	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) If veleran, name war.
3.(a) FULL NAME Sish Stepleer	File 3. (b) Social Security Number
9. Sex 5. Color of race 5.(a) Single, messled, withwest, or the second	MEDICAL CERTIFICATION
Male White Widowed.	20. DATE OF DEATH Scentiler 15, 1945, 21 6 P.O. M
6,6) Name of Australia or wife Isigeraia Zale	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
(Recently 6.(c) If alive, give age years	A Course 1 9 18 10 Spe 15 19 75
7. Birth date of MI / / / / /	and that I last saw h. Mallive on Aleliuver 5 19
deceased (mo., day, yr.) / AVEW 4 / 8 / 8 8. AGE: Years Months Days If less than one day	Immediate cause of death
54 9 6nin.	Day 2 Day
1091	
9. Birthplace (Town, county, and state)	Cardin Warcular Renal Husey
10. Usual occupation. Harmer Returned	Due to
\$1. Industry or business	DUE 10.
= 12. Name Jesse Zule	Other conditions
12. Name Jesse Manyland	
/// // // // // // // // // // // // //	(Include pregnancy within 8 months of death)
14. Malden name. Re Lecea Bair 15. Birthplace Mary land.	Major findings of operations.
2 13. Dringrace 4 10 10 5. (Per and do	
16. Informant	Antopsy results
Address Shellericker Ma.	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Burial, or receiped Whiteh?) Dale thereof 12-17-45 (month) (dgf) (year)	Accident, suicide, or homicide
Cemetery or crematory Sames Creek Methodis'to	Where dld Injury occur?
	Injured at home, farm, industry, public place (where?)
Location Samue Creek Canal Co. Med.	Meens of injury Injured at work?
18. Funeral director	0.0
Address Wentuld, Mid	23 SIGNATURE A decenere Faliny mos
10 16 Dec 10 45 Elisabeth & Heck.	Zadanik 2nd M. J. or other
(Date rec'd by registrar) Registrar	Address Treduction Corte signed.

DEC 20 1945 BUREAU V.B.